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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Grayburg Jackson Unit
2. Name of Operator Anadarko Production Company	8. Farm or Lease Name Tract No. 14
3. Address of Operator Box 116 Loco Hills, New Mexico 88255	9. Well No. 1
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 17 S RANGE 30E NMPM.	10. Field and Pool, or Wildcat Grayburg Jackson
15. Elevation (Show whether DF, RT, GR, etc.) 3568 GL	12. County Eddy

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER Clean out, fracture treat <input type="checkbox"/>		OTHER <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Intend to clean well out to TD with reverse drilling equipment and fracture treat well down 2 1/2" tubing with packer with approximately 30,000 gal gelled water and 30,000# sand plus scale inhibitor. Treatment will be staged with moth balls and rock salt. Will then wash well out and return to production.

RECEIVED

DEC 27 1968

O. C. C.

ARTESIA, OFFICE

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED D. R. Layton TITLE **District Superintendent** DATE **12-26-68**

APPROVED BY W. A. Gressett TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: