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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-4108

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	7. Unit Agreement Name Loco Hills
2. Name of Operator Newmont Oil Company	8. Farm or Lease Name Schaurich
3. Address of Operator Room 303, First National Bank Building, Artesia, New Mexico	9. Well No. 9
4. Location of Well UNIT LETTER L 1650 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 17-S RANGE 30-E NMPM.	10. Field and Pool, or Wildcat Loco Hills
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Eddy

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER **Acidize** ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

10-27-65

**Rig up reverse unit and clean out to 2922'.
Spot 500 gallons regular acid displaced at 1/4 BPM.**

Injection first five days averaged 731 BPD at 1150 PSI.

RECEIVED

NOV 4 1965

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 ORIGINAL SIGNED BY
H. J. LEDBETTER TITLE Division Superintendent DATE Nov. 3, 1965

APPROVED BY *M. J. Armstrong* TITLE SEE NEW MEXICO STATUTES DATE NOV 4 1965
CONDITIONS OF APPROVAL, IF ANY: