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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 23 1979

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-68

O. C. C.
ARTESIA, OFFICE

See Indicate Type of Lease	Fee ☐
Survey ☒	
U.S. G. M. Lease No.	
B-2613	

SUNDRY NOTICES AND REPORT ON WELLS

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

☒ GAS WELL ☐ OTHER- ☐	1. Unit Agreement Name
2. Name of Operator Kennedy Oil Co., Inc.	3. State of Lease New Mexico "BG" State
4. Address of Operator Box 151 Artesia, N.M. 88210	5. Lease No. 3
6. Location of Well UNIT LETTER I 1650 FEET FROM THE South LINE AND 330 FEET FROM East LINE, SECTION 2 TOWNSHIP 17S RANGE 31E NMPM.	7. Well Name Grayburg Jackson Q-G-SA
8. Elevation (Show whether DF, RT, GR, etc.) 3995 GR	9. 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMERCIAL PRODUCTION ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CLEANOUT JOB ☐	OTHER ☒ Fracture treatment

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates in full for each operation.) SEE RULE 1103.

10/2/79 Perforations: 3659-3694
Treated with 1000 gal 15% NE acid, 31,000 gallons gelled water, 20,000 #'s FLA 100, 15,500 #'s 20-40 sand with a salt and ball block.

Perforations: 3569-74
Treated with 500 gal 15% NE acid, 20,000 gallons gelled water, 10,000 #'s FLA 100, and 13,000 #'s 20-40 sand.

10/3/79 Perforations: 2994-3000
Treated with 500 gal 15% NE acid, 17,000 gallons gelled water, 8,000 #'s FLA 100, and 11,000 #'s 20-40 sand.

10/4/79 Placed well on pump.

10/20/79 Perforations 2994-3000 has show of gas and water. Will squeeze off with rig availability.

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

SIGNED *[Signature]* TITLE **10/23/79 President** DATE **10/23/79**

APPROVED BY *[Signature]* TITLE **SUPERVISOR, DISTRICT II** DATE **OCT 24 1979**

CONDITIONS OF APPROVAL, IF ANY: