

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-0-15-00185
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name ATOKA SAN ANDRES UNIT
8. Well No. 138
9. Pool name or Wildcat ATOKA SAN ANDRES

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection	
2. Name of Operator PENNZOIL EXPLORATION & PRODUCTION COMPANY	
3. Address of Operator P O BOX 50090 MIDLAND TEXAS 79710-0090	
4. Well Location Unit Letter E : 1680 Feet From The NORTH Line and 990 Feet From The WEST Line Section 13 Township 18S Range 26E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. 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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

12. 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.

MIRU POOH W/RODS. ND WH AND NU BOP.

RIH W/3 1/8" SELECT FIRE PERF GUN. PERF'D SAN ANDRES 1586-92', 1607', 1684', 1722-30' W/2 JHPF (36 HOLES).

ACIDIZE SAN ANDRES PERFS W/ 4800 GALS OF 15% NEFE Hcl ACID.

SWAB ACID WTR. RD SWAB EQUIPMENT.

POOH AND LD 2 7/8" WS AND PKR.

RIH W/2 3/8" PRODUCTION TBG. SET PKR @ 1544'.

ND BOP, NU WH. LAY INJ. LINE FR/WTR FLD STATION TO WH. JAN 12 1996

PLACE ON INJECTION 30 BBLS/HR @ 600#.

RECEIVED

OIL CON. DIV.

DIST. 2

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

SIGNATURE Sharon Hindman TITLE Production Assistant DATE 01/11/96  
TYPE OR PRINT NAME Sharon Hindman TELEPHONE NO. 915 686-3505

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 18 1996

CONDITIONS OF APPROVAL, IF ANY: