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O & L Eng.   /

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

NEW MEXICO OIL CONSERVATION COMMISSION

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 ☒   GAS WELL ☐   OTHER·

7. Unit Agreement Name

2. Name of Operator
Kewanee Oil Company

8. Farm or Lease Name
Leavitt S

3. Address of Operator
P. O. Box 3786, Odessa, Texas

9. Well No.
2

4. Location of Well

UNIT LETTER **D**, **990** FEET FROM THE **North** LINE AND **330** FEET FROM

THE **West** LINE, SECTION **13** TOWNSHIP **18S** RANGE **26E** NMPM.

10. Field and Pool, or Wildcat
Atoka San Andres

15. Elevation *(Show whether DF, RT, GR, etc.)*
3300' GR

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 ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐		PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐
OTHER _____ ☐			

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.

Propose to pull rods and tubing, perforate additional section from 1720' to 1750' with 1 shot per foot (30 holes). Selectively acidize the perforations from 1720' to 1750' with 2,000 gallons 15% acid utilizing tubing and a hook wall packer.

Pull tubing and packer. Treat the well down the casing with 50,000 gallons of slick brine water and 51,500# sand at a 60 BPM rate.

Work will be started as soon as approval is granted.

RECEIVED

MAR 1 5 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 *E H Strickland*   TITLE **Division Superintendent**   DATE **3-12-65**

APPROVED BY *M L Armstrong*   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: