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NEW MEXICO OIL CONSERVATION COMMISSION

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

FEB 19 1968

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-2029-12
7. Unit Agreement Name
8. Farm or Lease Name State CE
9. Well No. 5
10. Field and Pool, or Wildcat Empire Abo
12. County Eddy

SUNDY 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"/>
2. Name of Operator Cities Service Oil Company
3. Address of Operator P. O. Box 69 - Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER C 990 FEET FROM THE North LINE AND 1980 FEET FROM West 2 18s 27E THE West LINE, SECTION 2 TOWNSHIP 18s RANGE 27E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3597 DF

16.

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

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"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

TD 5764, PBD 5733, workover complete. Production before acid job was 75 oil, 0 water, 24 hours thru Abo perforations 5627-5731. Acidized with 3000 gallons of retarded acid followed by 2000 gallons lease crude. Repotential after acid job, flowed 118 oil, 0 water, 24 hours. FTP 75 psi 32/64 choke, gas volume 144 MCFD, GOR 1218.

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

SIGNED _____ TITLE **District Clerk** DATE **February 28, 1968**

APPROVED BY W. A. Gressett TITLE _____ DATE **FEB 28 1968**

CONDITIONS OF APPROVAL, IF ANY: