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NEW MEXICO OIL CONSERVATION COMMISSION

MAR 29 1971

O. O. O.
ARTESIA, OFFICE

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.
647

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Cities Service Oil Company	8. Farm or Lease Name Ohio B-State
3. Address of Operator Box 69 - Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER H 1650 FEET FROM THE North LINE AND 990 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 18S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Empire Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3664 DF	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

T.D. 6350-, PBDT 6237 Workover complete. Pulled tubing. Set cast iron BP above present perfs. (6242-6288) @ 6237. Perforated w/20 - 0.48" holes @ 6210-6220. Ran tubing with a packer @ 6095. Swabbed dry natural. Acidized thru perfs. 6210-6220 w/1000 gals. of 20% acid. Max. press. 3700 psi. Treated @ 1 B/M @ 700 PSI. ISIP 400 PSI, 1 min. SIP zero. Swabbed load and flowed 157 BO + 39 BW/17 hrs. thru 20/64" choke, FTP 125 PSI GOR 725. Flowed 76 BO + 15 BW/15 hrs. Well died. Well was flowing before workover 130 BO + 50 BWP. Prep. to put well on artificial lift. Workover was completed on 11-11-70.

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

SIGNED E. J. Fielder TITLE District Manager DATE 3/26/71

APPROVED BY W. A. Grosse TITLE GENERAL INSPECTOR DATE MAR 29 1971

CONDITIONS OF APPROVAL, IF ANY: