		,			Form C-103					
NO. OF COPIE		<u> </u>			Supersedes Old					
DISTRIB	UTION	-,	NEW MEXICO OIL CONSE		C-102 and C-103 Effective 1-1-65					
LANTA FE	<u> </u>	+ <u>_</u> +		RVATION COMMISSION						
CILE			-	OCT 1 5 1968	5a. Indicate Type of Lease					
LAND OFFIC				001 1 9 1968	State XX Fee					
OPERATOR				0. C. C.	5. State Oil & Gas Lease No.					
LOFERAIOR		<u>r:</u>	· ·	ARTESIA, OFFICE	B-6864					
(DO NO	T USE THIS FO	SUND	DRY NOTICES AND REPORTS ON	WELLS						
1					7. Unit Agreement Name					
OIL WELL	GAS WEL		OTHER- WIW		W. Loco Hills. G. 4S. U					
2. Name of Ope	rator		/		8, Farm or Lease Name					
	NEWMO	NT OI	L COMPANY V		<u>Tract 39</u> 9. Well No.					
3. Address of C	perator				9. Well No.					
	P. 0,	вох	1305, ARTESIA, NEW MEXICO							
4. Location of					10. Field and Pool, or Wildcat					
UNIT LETTE	<u> 0 </u>	,,	330 FEET FROM THE South	LINE AND 2310 FEET FR	M Loco Hills					
				205						
тнеЕ	ast	LINE, SEC	TION 2 TOWNSHIP 185	RANGE 232 NMF	~ [[]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]					
			15. Elevation (Show whether L	DF, RT, GR, etc.)	12. County Eddy					
16.		Check	k Appropriate Box To Indicate Na	ature of Notice, Report or (Other Data					
	ΝΟΤΙ		INTENTION TO:		NT REPORT OF:					
	_	_		ب ـــا						
PERFORM REME	DIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING					
TEMPORARILY A	BANDON	4		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT					
PULL OR ALTER	CASING		CHANGE PLANS	CASING TEST AND CEMENT JOB						
				OTHERAcid Tre	atment					
OTHER			L_J							
17. Describe P work) SEE	Proposed or C RULE 1103.	ompleted	Operations (Clearly state all pertinent deta	ils, and give pertinent dates, includ	ing estimated date of starting any proposed					
This	s well wa	as aci	idized as follows:							
			shut down.							
8-16-68	Cleaned well in	out f	from 2658 to 2668 . Pumpeo	d 500 gals 15% reg. ac	id into formation and shut					
8 -17-68	Pulled	tubing	g and bit and returned well	l to injection						
	Injecti	Injection first five days averaged 150 BPD at 1275 psi								

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

SIGNED Arman Ledlutte	TITLE Division Superintendent	DATE9/18/68
APPROVED BY U. a. cressett	TITLE QUE AND SAS INSPECTOR	DATE38

CONDITIONS	OF	APPROVAL.	1F	ANY: