|   | /         | ·             |  |               |                           | -                                     |                                |                                    |                                     |           |  |
|---|-----------|---------------|--|---------------|---------------------------|---------------------------------------|--------------------------------|------------------------------------|-------------------------------------|-----------|--|
| NO. OF COPIES RECEIVED                          | 4         |               |  | -             |                           |                                       |                                | Form C-103                         | 3                                   |           |  |
| DISTRIBUTION                                    |           |               |  |               |                           |                                       | Supersedes Old                 |                                    |                                     |           |  |
| SANTA FE  | 1         | N             | NEW MEXICO OIL CONSERVATION COMMISSION |               |                           |                                       |                                |                                    | C-102 and C-103<br>Effective 1-1-65 |           |  |
| FILE  | 1-        | 7             |  | 1             | A 6                       |                                       |                                |                                    |                                     |           |  |
| U.S.G.S.  |           | 1             | JAN 2 4 1972                           |               |                           |                                       |                                |                                    | 5a. Indicate Type of Lease          |           |  |
| LAND OFFICE                                     |           |               |  |               |                           |                                       |                                | State                              | Fee                                 | XX        |  |
| OPERATOR  | 41        |               |  |               | O. C. :                   | з                                     |                                | 5. State Oil &                     | Gas Lease No.                       |           |  |
|   | - 17      |               |  | AR'           | TESIA, DE                 | Elex                                  |                                |                                    |                                     |           |  |
| (DO NOT USE THIS FO<br>Use                      | SUND      | RY NOTICES    | AND REPO                               | DRTS ON A     | WELLS                     | ERENT RESERV                          | OIR.                           |                                    |                                     |           |  |
| I.<br>OIL GAS<br>WELL WEL                       |           | OTHER-        |  |               |                           |                                       | Far Wei                        | 7. Unit Agreen<br><b>t Loco Hi</b> | nent Name<br><b>11s Sand U</b> i    | nit       |  |
| 2. Name of Operator Anadarko Production Company |           |               |  |               |                           | 8. Farm or Lease Name<br>Tract No. 11 |                                |                                    |                                     |           |  |
| 3. Address of Operator                          |           |               |  |               |                           | • •                                   |                                | 9. Well No.                        |                                     |           |  |
|   |           | Box 67        | Loco H                                 | ills, Ne      | w Mexic                   | o 88255                               | 5                              |                                    | 17                                  |           |  |
| 4. Location of Well                             |           |               |  |               |                           |                                       | 10. Field and Pool, or Wildcat |                                    |                                     |           |  |
| UNIT LETTER                                     |           | FEE           | T FROM THE                             | South         | LINE AND_                 | 660                                   | FEET FROM                      | Loc                                | O Hills                             |           |  |
|   |           |               |  |               |                           |                                       |                                |                                    |                                     | 111,      |  |
| THE West  | LINE, SEC | -ION <u>9</u> | TOWNSHIP                               | <u>, 18 8</u> | RANGE                     | 29 E                                  |                                |                                    |                                     | 111       |  |
|   | *****     |               |  |               |                           |                                       |                                | 7111111                            | 777777777                           | <i>HH</i> |  |
| 15. Elevation (Show whether DF, RT, GR, etc.)   |           |               |  |               |                           | 12. County                            |                                | 1111                               |                                     |           |  |
|   | 7////     |               |  |               | 38 GL                     |                                       |                                | Eddy                               |                                     | 777,      |  |
| 16.   | Check     | Appropriate   | Box To In                              | idicate Na    | atu <mark>r</mark> e of N | otice, Re                             | port or Ot                     | her Data                           |                                     |           |  |
| NOTI  | CE OF     | INTENTION "   | ro:                                    | 1             |                           | SU                                    | BSEQUEN                        | REPORT O                           | F:                                  |           |  |
|   |           |               |  |               |                           |                                       | <u>ن</u>                       |                                    |                                     | <b></b>   |  |
| PERFORM REMEDIAL WORK                           |           |               | PLUG AND AB                            | ANDON         | REMEDIAL W                | ORK                                   |                                | ALT                                | TERING CASING                       |           |  |
| TEMPORARILY ABANDON                             | _         |               |  |               | COMMENCE D                | RILLING OPNS                          | . 🖵                            | PLU                                | G AND ABANDONME                     | NT        |  |
| PULL OR ALTER CASING                            |           |               | CHANGE PLAN                            | is 🔄          | CASING TEST               | FAND CEMENT                           | apt                            |                                    |                                     |           |  |
| Time - adam                                     | -         | <b>*</b>      |  |               | OTHER                     |                                       |                                |                                    |                                     | L_        |  |
| OTHER_ Fractu                                   | LS ILS    |               | <u></u>                                |               |                           |                                       |                                |                                    |                                     |           |  |
| 17 Describe Proposed of C                       |           | (0)           |  |               |                           |                                       |                                |                                    |                                     |           |  |

work) SEE RULE 1103.

Intend to pull rods and tubing, run tubing with packer and test 7" casing to 3000 psi, pull tubing and packer and fracture treat well through casing with 30,000 gal gelled water and 40,000# sand. Will then wash well out, run tubing, rods, and pump and return well to production.

| 18. I hereby certify that he information above is true and complet | e to the be | st of my knowledge and belief. |      |                 |
|--|-------------|--------------------------------|------|-----------------|
| SIGNED_ Note Sector  | TITLE       | District Superintendent        | DATE | 21 January 1972 |
| APPROVED BY _ LN, Cr. Snessett                                     | TITLE       | OIL AND DES INSCRIPTION        | DATE | JAN 24 1972     |