

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
L 1607	

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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

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1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator Anadarko Production Company		8. Farm or Lease Name New Mexico State "AA"	
3. Address of Operator P. O. Box 67, Loco Hills, New Mexico 88255		9. Well No. 1	
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 18S RANGE 28E N.M.P.M.		10. Field and Pool, or Wildcat North Turkey Track Morrow	
15. Elevation (Show whether DF, RT, GR, etc.) 3481.5 GL		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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING CPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Fracture Treat	CASING TEST AND CEMENT JOBS <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.

1. Rig up pulling unit.
2. Fracture treat Morrow perforations 10,794 - 10,806 and 10,816 - 10,821 with 45,000 gals Dowell Ezefrac, including 15,000 gals CO₂.
Swab well, if necessary.
3. Return well to Sales Line.

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

Signed Original Signed by Jerry E. Buckles TITLE Area Supervisor DATE Sept. 20, 1979

APPROVED BY W.A. Gressett TITLE SUPERVISOR, DISTRICT II DATE SEP 27 1979

CONDITIONS OF APPROVAL, IF ANY: