

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1-
U.S.G.S.	
LAND OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

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. OG-16
7. Unit Agreement Name
8. Farm or Lease Name State OG-16
9. Well No. 1
10. Field and Pool, or Wildcat Turkey Track
12. County Eddy

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"/>
2. Name of Operator Western Oil Fields
3. Address of Operator P.O. Box 1137, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER K , 1650 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 10 TOWNSHIP 19S RANGE 29S NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3380.8 GR

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Perforations and Treatment <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.

Tested 5½" casing to 2500 lbs. for 15 minutes, test okay.
Perforated the Queen formation from 2195 to 2206, 2219-2223,
2 SPF. Acidized formation with 500 gals. acid, swabbed dry
w/trace of oil. Sand fraced w/8000 gals. jelled brine and
8000 lbs. 20-40 sand. Swab testing.

RECEIVED

JUL 22 1966

O. C. C.
ASTORIA OFFICE

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

SIGNED [Signature]	TITLE Production Clerk	DATE 21 July, 1966
APPROVED BY [Signature]	TITLE OIL AND GAS INSPECTOR	DATE JUL 22 1966

CONDITIONS OF APPROVAL, IF ANY: