

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-9088  
MAY 1 1989

O. C. D.  
ARTESIA, OFFICE

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

K-675 & Fee

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. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Corinne Grace

3. Address of Operator

P. O. Box 1418, Carlsbad, NM 88220

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section

25

Township

22 S.

Range

26 E.

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3226 DF

7. Lease Name or Unit Agreement Name

City of Carlsbad Com.

8. Well No.

1

9. Pool name or Wildcat

S. Carlsbad Morrow

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

Well loading severely, elected to acidize to prevent premature abandonment.

3/24/89- Jet acidize with 500 gals 15% Mor-Flo BC and 10,000 SCF nitrogen at  $\frac{1}{4}$  bbl per min. and 200 SCF per min. rate. Flush with treated water and nitrogen, jet hole.

See attachment for daily production prior to and after treatment.

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

SIGNATURE

*Joe Auler*

TITLE

Agent

DATE

4-24-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed By  
Mike Williams

APPROVED BY

TITLE

DATE

MAY 1 1989

CONDITIONS OF APPROVAL, IF ANY: