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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 1 1979

O. C. C.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State ☒ Free ☐
5. State Oil & Gas Lease No.	K-4535

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 ☐ GAS WELL ☒ OTHER ☐	7. Unit Agreement Name Cueva Unit
2. Name of Operator Corinne Grace	8. Field or Lease Name Cueva Unit
3. Address of Operator P. O. Box 1418, Carlstad, New Mexico 88220	9. Well No. 1
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West 6 TO ANGLE 23S 26E NMPM.	10. Field and Pool, or Willard Sheep Draw Strawn Gas
11. Elevation (Show whether DF, RT, GK, etc.) 3418.7	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice. Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PROPOSED DRILLING WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER Acidize well ☒	COMMENCE DRILLING WORK ☐ CASING TEST AND CEMENT JOB ☐ OTHER ☐

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.

Plan to treat the stawn formation - 10,164 - 10,255, as follows:

Acidize with 5,000 gallons J-Type Acid with the addition of Nitrogen at 1,000 Cu. ft./bbl. of acid and flush 7/8" Select-O-Balls will be used to establish a "Ball Out".

Will close well in day of job. Set high pressure tree saver, pressure test lines, load and pressure backside and open well head. Start acid program. Pump 500 gallons (11.9 bbls.) acid with no balls. (2) Pump 100 gallons (2.4 bbls.) acid with one ball to reach total of 4200 gallons (100 bbls.), one ball/100 gallons. (3) pump 300 gallons (7.1 bbls.) with no balls. Flush to top perforations (10,164') with 2% KCL water. Shut in well for 35 minutes. Treating pressure 8000 psi.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <i>Marita R. Jones</i>	TITLE Agent	DATE 9/28/79
APPROVED BY <i>W. A. Gressett</i>	TITLE SUPERVISOR, DISTRICT II	DATE OCT 2 1979
CONDITIONS OF APPROVAL, IF ANY:		