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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. E-5496
7. Unit Agreement Name
8. Farm or Lease Name State 2"
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Chaves

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 H. N. Sweeney
3. Address of Operator P. O. Box 1582 - Roswell, New Mexico 88201
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1930 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 7S RANGE 29E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4174 GR

15. 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> P.B. Perf + Treat

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.

Set packer at 3747 and squeezed cement 3860 to 4100 with 50 sacks. Perforated 3203-3228; 3236-3241 with 1 shot per foot. Treated with 3000 gallons 28% acid. After recovering load well tested 84 MCF gas, 20 B0 and trace of oil. Preparing to plug and abandon.

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

SIGNED H. N. Sweeney	TITLE Operator	DATE 9-22-67
APPROVED BY W. R. Gressett	TITLE Commissioner	DATE 10-1-67

CONDITIONS OF APPROVAL, IF ANY: