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SANTA FE	
FILE	1-1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

(Form C-103)
(Revised 7/1/52)

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS NOTICES

strict Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Notice by Checking Below

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO TEMPORARILY ABANDON WELL		NOTICE OF INTENTION TO DRILL DEEPER	
NOTICE OF INTENTION TO PLUG WELL		NOTICE OF INTENTION TO PLUG BACK		NOTICE OF INTENTION TO SET LINER	
NOTICE OF INTENTION TO SQUEEZE		NOTICE OF INTENTION TO ACIDIZE -Fracture	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SHOOT (Nitro)	
NOTICE OF INTENTION TO GUN PERFORATE		NOTICE OF INTENTION (OTHER)		NOTICE OF INTENTION (OTHER)	

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Lubbock Texas

1-21-64

(Place)

(Date)

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the

Dr. Sam G. Dunn Sturgeon #8

Dr. Sam G. Dunn

Sturgeon

(Company or Operator)

Lessee

Well No. **2**

in **7**

(Unit)

1/4 **1/4** **1/4** of Sec. **25**, T. **40N**, R. **24W**, NMPM, **Linda San Andreas** Pool
Chaves County.

FULL DETAILS OF PROPOSED PLAN OF WORK

(FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

We plan to acidize first with 2000 gal of 15% acid followed by 14000 gal of gelled acid water carrying 7000 lbs of 10-20-sand thru perforations at 1024 to 1040 (2 perforations to the feet)

RECEIVED
JAN 21 1964
OIL CONSERVATION COMMISSION

Approved **JAN 30 1964**, 19____
Except as follows:

Approved
OIL CONSERVATION COMMISSION

By **M. L. Armstrong**
Title **9-1 AND GAS INSPECTOR**

Dr. Sam G. Dunn

Company or Operator

By **Sam G. Dunn**

Position **Owner**

Send Communication regarding well to:

Name **Dr. Sam G. Dunn**

Address **1512 Main Lubbock Texas**