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LAND OFFICE	
OPERATOR	4

# 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 <b>XX</b>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
<b>K 1006</b>	
7. Unit Agreement Name	
8. Farm or Lease Name	
<b>AVALANCHE JOURNAL</b>	
9. Well No.	
<b>1</b>	
10. Field and Pool, or Wildcat	
<b>UND. ACME SAN ANDRES</b>	
12. County	
<b>CHAVES</b>	

## 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"/>	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
<b>DR. SAM G. DUNN</b>	<b>AVALANCHE JOURNAL</b>
3. Address of Operator	9. Well No.
<b>P. O. BOX 192, ARTESIA, NEW MEXICO 88210</b>	<b>1</b>
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER <b>F</b> <b>1980</b> FEET FROM THE <b>NORTH</b> LINE AND <b>1650</b> FEET FROM	<b>UND. ACME SAN ANDRES</b>
THE <b>WEST</b> LINE, SECTION <b>4</b> TOWNSHIP <b>8-S</b> RANGE <b>27-E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
<b>3952</b>	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

**10-20-66 ACIDIZED WITH 10,000 GAL OF 15% ACID. SWABBED ACID BACK THROUGH CASING. PUT ON PUMP. HAD TROUBLE WITH BAD TUBING ALSO TROUBLE WITH GYP, HAVE WELL 7-28-67 GOING AT THIS DATE. TESTED FOR 24 HRS. 4 BBL'S OIL 1 BBL OF WATER.**

RECEIVED

JUL 31 1967

C. B. P.  
ARTESIA, N.M.

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

SIGNED Delores Hall TITLE AGENT DATE 7-28-67

For Record Only

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: