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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.	
OG 4681	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator H. N. Sweeney	8. Farm or Lease Name Citgo State
3. Address of Operator P. O. Box 1582 - Roswell, New Mexico 88201	9. Well No. 3
4. Location of Well UNIT LETTER K , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 8S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Under. Twin Lakes- S.A.
15. Elevation (Show whether DF, RT, GR, etc.) 3965' GR	12. County Chaves

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

Set 4-1/2" 9.5# J-55 new casing at 2615' with float shoe and latch down plug with 100 sacks of Incor Pozmix cement with 8 pounds salt per sack. Plug down 7:45 AM 8-26-67. After WOC 28 hours pressured up to 1000# for 30 minutes, held okay.

Perforated 2588-2603 w/2 shots per foot. Prep to treat.

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

SIGNED Martha J. West TITLE Production Clerk DATE 8-28-67

APPROVED BY W. A. Gressett TITLE Assistant Secretary DATE 8-28-67

CONDITIONS OF APPROVAL, IF ANY: