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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

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 H.N. Sweeney ✓		8. Farm or Lease Name O'Brien "B"	
3. Address of Operator P. O. Box 1582, Roswell, New Mexico 88201		9. Well No. 1	
4. Location of Well UNIT LETTER <u>B</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>9S</u> RANGE <u>28E</u> NMPM.		10. Field and Pool, or Wildcat Undes. Twin Lakes-S.A.	
15. Elevation (Show whether DF, RT, GR, etc.) 3946' GR		12. County Chaves	

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

Spud 9-1-67.

Set 8-5/8" 20# J-55 casing at 327 with 150 sacks Regular with 2% calcium chloride. Cement circulated. Plug down 10:00 PM 9-1-67. After WOC 18 hours, pressured up to 1500# for 30 minutes, held okay.

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SEP 1 1967

ART. 103 - C-103

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 9-5-67

APPROVED BY W.A. Grissett

TITLE Assistant Secretary

DATE 9-5-67

CONDITIONS OF APPROVAL, IF ANY: