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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.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <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 <b>H. N. Swaney</b>	8. Farm or Lease Name <b>O'Brien "B"</b>
3. Address of Operator <b>P. O. Box 1582 - Roswell, New Mexico 89201</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>B</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>2</b> TOWNSHIP <b>9S</b> RANGE <b>28E</b> NMPM.	10. Field and Pool, or Wildcat <b>Undes. Twin Lakes-S.A.</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3946' GR</b>	12. County <b>Chaves</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 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 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.

Set 4-1/2" 9.5# J-55 casing at 2615' with 150 sacks Regular cement with 8 pounds salt per sack. Plug down 7:30 PM 9-7-67. After WOC 18 hours, tested to 1000# for 30 minutes, held okay.

Perforated 2584-2598 with 2 shots per foot. Now 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 Sept. 11, 1967

APPROVED BY W. A. Gussert TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: