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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 7 1967

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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.
K-2803

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 Citgo-State
3. Address of Operator P. O. Box 1582 - Roswell, New Mexico 88201	9. Well No. 4
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>8S</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.) 3957' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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 2614' with 100 sacks Incor Pozmix cement with 2X gel and 8 pounds salt per sack. Plug down 7:30 PM 9-29-67. After WOC 18 hours, tested to 1000# for 1 hour, held okay.

Perforated 2598-2608 with 1 shot 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 Marta J. West TITLE Production Clerk DATE October 2, 1967

APPROVED BY W. A. Grossett TITLE Supervisor DATE 10/2/67

CONDITIONS OF APPROVAL, IF ANY: