

NEW MEXICO OIL CONSERVATION COMMISSION

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APR 4 1979

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR APPLICATIONS TO OIL OR GAS TO BE OPENED UP TO A DIFFERENT OPERATOR. USE APPLICATION FOR PERMIT TO PRODUCE OIL OR GAS FOR SUCH PURPOSES.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator: **D. C. C. ARTESIA, OFFICE**

3. Address of Operator: **Plains Radio Broadcasting Co. Roswell, N.M. 88201**

4. Location of Well: **327 J P White Rd g.**

UNIT LETTER **T** **1650** FEET FROM THE **S** LINE AND **990** FEET FROM THE **E** LINE, SECTION **16** TOWNSHIP **11S** RANGE **28E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.) **3690.0 Gr**

5a. Indicate Type of Lease
State Fee

State Oil & Gas Lease No. **K 2111**

7. Unit Agreement Base

8. Farm or Lease Name

9. Well No. **10**

10. Field and Pool, or Wildcat **La Chisum, S-A**

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPHS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOG <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.

March 28, 1979
Perforated 1/ft. 223 1/2 to 225 1/2 ft.
Acidized with 5000 gallons 20% HCL

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

SIGNED: *Santa Soaf* TITLE: Secretary DATE: 4-2-79

APPROVED BY: *W. A. Gueset* TITLE: SUPERVISOR, DISTRICT II DATE: APR 6 - 1979

CONDITIONS OF APPROVAL, IF ANY: