

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
RECEIVED BY
AUG 19 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

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5a. Indicate Type of Lease
State ☐ Fee ☒
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 ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Pelto Oil Company	8. Farm or Lease Name O'Brien L
3. Address of Operator One Allen Center, Suite 1800, 500 Dallas, Houston, TX 77002	9. Well No. 10
4. Location of Well UNIT LETTER <u>E</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>9S</u> RANGE <u>29E</u> NMPM.	10. Field and Pool, or Wildcat Twin Lakes-San Andres Assoc
11. Elevation (Show whether DF, RT, GR, etc.) 3995 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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 1193.

Production before remedial work: 4 BOPD, 1 BWPD, 10 MCFD

5-8-85: Perforate additional San Andres holes using 3-1/8" casing gun w/SSB-2 charges at 2696, 2703, 04, 05, 06, 07.5, 2742, 43, 48, 49, 57, 58'.

5-9-85: Acidize perms w/2500 gal. 20% NEFE, 1000 SCF N₂ per barrel w/90 ball sealers.

Production after remedial work: 9 BOPD, 21 BWPD, 26 MCFD

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

SIGNED Bernie Malson TITLE Production Administration Mgr DATE 8-15-85

APPROVED BY _____ TITLE Supervisor District 1 DATE AUG 21 1985

CONDITIONS OF APPROVAL, IF ANY: