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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

AUG 27 1970

O. C. C.

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-2029-12
7. Unit Agreement Name
8. Farm or Lease Name State CE
9. Well No. 5
10. Field and Pool, or Wildcat Empire - Abo
12. County Eddy

SUNDY NOTICES AND REPORTS ON WELLS, OFFICE

(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- 2. Name of Operator Cities Service Oil Company 3. Address of Operator P.O. Box 69 - Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER C 990 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 18S RANGE 27E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3597 DF	7. Unit Agreement Name 8. Farm or Lease Name 9. Well No. 10. Field and Pool, or Wildcat 12. County
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 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.

It is proposed to acidize the above well with 7500 gallons of 15% regular acid through perforations 5627-5731 in order to stimulate production to top allowable.

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

SIGNED ORIGINAL SIGNED TITLE Dist. Adminst. Suprv. DATE 8-18-70

APPROVED BY W. A. Gressett TITLE W. A. Gressett DATE AUG 28 1970
CONDITIONS OF APPROVAL, IF ANY: