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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>E-6387</b>

## 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 <b>Delaware Apache Corporation</b>	8. Farm or Lease Name <b>Midwest State</b>
3. Address of Operator <b>1720 Wilco Building, Midland, Texas 79701</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>J</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>23</b> TOWNSHIP <b>10-south</b> RANGE <b>33 east</b> NMPM.	10. Field and Pool, or Wildcat <b>Inbe Permo Penn</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4199 Gr -- 4211 DF</b>	12. County <b>Lea</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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

9-18-68 Cardinal Chemical Co. acidized perf's 9771-9777' w/500 gal 15% MEC acid. Pressure - 0, immediate shut down vacuum. Started swabbing.

9-19-68 Swabbing

9-20-68 Well flowed 144 60 in 18 hours w/260# - 280# FTP in 24/64" choke.

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

SIGNED Ray D. Lewis

TITLE District Production Foreman DATE 10-30-68

APPROVED BY [Signature]

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: