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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

May 20 11 50 AM '69

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. E-9943 |

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 Cities Service Oil Company | 8. Farm or Lease Name State AD |
| 3. Address of Operator P.O. Box 69, Hobbs, New Mexico | 9. Well No. 9 |
| 4. Location of Well UNIT LETTER G , 1980 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 10S RANGE 32E NMPM. | 10. Field and Pool, or Wildcat Mescalero San Andres |
| 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

| | |
|---|---|
| PERFORM REMEDIAL WORK <input checked="" 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:

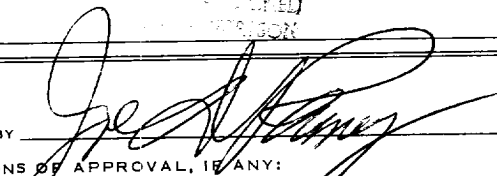

| | |
|--|---|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/> |

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.

**It is our intention to perforate and acidize additional Slaughter zone.
 Workover procedure will be as follows:**

- 1. Pull rods and tubing.**
- 2. Set BOP & one set blind rams.**
- 3. Perforate 4½" casing with one hole per foot X at the following depths:
 4140', 4141', 4142', 4151', 4152', 4153', 4158', 4159', 4163', 4164', 4165',
 4168', 4171', 4172', 4182', 4183', 4184', 4185', 4186', 4187'.**
- 4. Swab test.**
- 5. If top allowable potential is not indicated by swab test, treat with
 3000 gallons acid using two stages with rock salt as a diverting agent.**
- 6. Return to production.**

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

| | | |
|---|--------------------------------------|--------------------------|
| SIGNED  | TITLE District Office Manager | DATE May 16, 1969 |
| APPROVED BY  | TITLE Supervisor | DATE MAY 21 1969 |
| CONDITIONS OF APPROVAL, IF ANY: | | |