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NEW MEXICO OIL CONSERVATION COMMISSION

JUN 21 11 52 AM '67

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

### 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"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <b>DELAWARE-APACHE CORPORATION</b>		5. State Oil & Gas Lease No. <b>E-6387</b>
3. Address of Operator <b>1720 Wilco Building, Midland, Texas 79701</b>		7. Unit Agreement Name
4. Location of Well UNIT LETTER <b>C</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>23</b> TOWNSHIP <b>10-S</b> RANGE <b>33-E</b> NMPM.		8. Farm or Lease Name <b>Midwest "A" State</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>G.L. 4303.0'</b>		9. Well No. <b>1</b>
		10. Field and Pool, or Wildcat <b>Inbe Penn</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 ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER **Perforating & Acid Treatment** ☒

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.

6-16-67 Schlumberger ran PDC and CBL logs (Total Depth 9763). Top of cement found @ 8170'.

6-17-67 Ran 320 jts 2-7/8" N-80 tubing w/Guibersen KVL-30 packer set @ 9678'. Schlumberger perforated from 9730-32' and 9738-40. Western Company spotted 500 gallons mud acid across perforations. Formation broke in 2000 psi. Swabbing load treatment back.

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

SIGNED Roy H. Rensis TITLE District Production Foreman DATE June 20, 1967

APPROVED BY  TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: