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OPERATOR	

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. K-5353

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 Southern Minerals Corporation	8. Farm or Lease Name State "D"
3. Address of Operator P. O. Box 716 - Corpus Christi, Texas 78403	9. Well No. 2
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 510 FEET FROM THE West LINE, SECTION 8 TOWNSHIP 11-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Inbe-Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4195.6 GR	12. County Lea

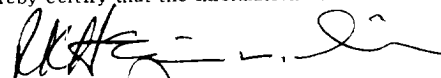
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

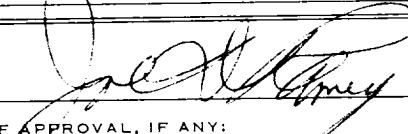
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Type of Work Acidize - To begin on Approval

Plan to Acidize perforations from 9862' to 9870' and open hole from 9870' to 9885'. Acidize with 3500 gallons 15% MEC Acid and 350 pounds of Wax unbends.
Subsequent report of this work will be filed on Form C-103

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

SIGNED  TITLE **Authorized Employee** DATE **March 7, 1969**

APPROVED BY  TITLE **SUPERVISOR** DATE _____

CONDITIONS OF APPROVAL, IF ANY: