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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. K5353

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	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 11-8 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

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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.

September 15, 1967 Moved in workover machine and acidized with 3000 gallons of 28% Super X Acid with 500 cubic feet of Carbon Dioxide/barrel acid. Displaced with 3000 gallons of 3% acid with 1000 cubic feet of Carbon Dioxide/barrel of acid. Pumped in at the rate of 6 barrels per minute at 1900#.

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

SIGNED J. R. Irwin J. R. Irwin TITLE Authorized Employee DATE September 19, 1967

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: