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

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator HARDING BROTHERS OIL & GAS CO.		8. Farm or Lease Name Locker
3. Address of Operator Box 2052 Abilene, Texas 79604		9. Well No.
4. Location of Well UNIT LETTER H , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 9s RANGE 35 E NMPM.		10. Field and Pool, or Wildcat UNDESIGNATED Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) . 4093 D F		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 type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <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.

12/29/67 Run Halliburton Rtts for Squease/ 100 sx Incor with .6% Halad-9 and 2% Calcium Chloride. Csq. Press. 1,000# tubing pump pressure 1.800#, 4 bbls Min. injection

12/30/67 Drill out to new T.D. 4856:Spot 100 Gal 15% acid port 4834 4835,4842,4843,4844,4851.and 4852 1 shot/ft.

12/31/67 Acidize with 3,000 gal. of 28% acid, over Flush with 1,500 ga treated water. Treaded pressure 2,100#-2600# injection rate 2.4 bbls/min.

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

SIGNED John W. Runyan TITLE Agent DATE 3/14/68

APPROVED BY John W. Runyan TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: