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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. K-3204
7. Unit Agreement Name
8. Farm or Lease Name Holt State
9. Well No. /
10. Field and Pool, or Wildcat Vada Penn
12. County Lea

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"/>
2. Name of Operator Imperial-American Management Company
3. Address of Operator 507 Midland Savings Bldg., Midland, Texas 79701
4. Location of Well UNIT LETTER D 660 FEET FROM THE N LINE AND 660 FEET FROM THE W LINE, SECTION 4 TOWNSHIP 10-S RANGE 34-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 4228 GR.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input 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"/>

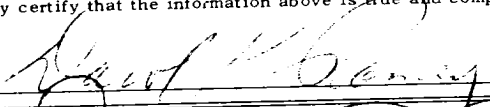
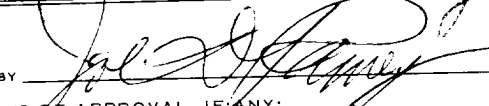
SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

1. Removed Subsurface Hydraulic Pump. Ran repaired pump of modified design. Put well back to pumping. Production rate increased from 50 BOPD to 100 BOPD.
2. Tested well on 3-26-70--P:103 PO, 395 BW, 97 MCF gas. GOR 942/1
We request - Allowable increase effective 4-1-70 from 50 BOPD to 103 BOPD.

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

SIGNED 	TITLE Operations Superintendent	DATE 4-8-70
APPROVED BY 	TITLE SUPERVISOR DISTRICT	DATE 4-8-70

CONDITIONS OF APPROVAL, IF ANY: