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NO. OF COPIES RECEIVED	Form C-193
DISTRIBUTION	Supersedes Old C-102 and C-103
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	5a. Indicate Type of Lease
LAND OFFICE	State Fee.
OPERATOR	5. State Oil & Gas Lease No.
	K-3881 + K-5117
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS WELL OTHER.	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Jenaco Oil Company 3. Address of Operator	Sawyer STATE Com
Box 1031 midland, Texas	10. Field and Pool, or Wildcat
UNIT LETTER D . 660 FEET FROM THE NORTH LINE AND 660 FEET FROM	Vada Penn
THE WEST LINE, SECTION 16 TOWNSHIP 9-5 RANGE 36 E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4065 68	Lea \\\\\\\\\
Check Appropriate Box To Indicate Nature of Notice, Report or Otl	ner Data
NOTICE OF INTENTION TO: SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB	
OTHER	[]
OTHER	
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	estimated date of starting any proposed
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103. 7-24-70	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1903.	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103. 7-24-70 (1) Reperforated 9859-83 with 2 shots/f	t in 5%" caring
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103. 7-24-70 (1) Reperforated 9859-83 with 2 shots/f. (2) Acidized perfs 9859-83 w/16500 gel 28	t in 5'2" casing
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103. 7-24-70 (1) Reperforated 9859-83 with 2 shots/f. (2) Acidized perfs 9859-83 w/16500 gel 28	t in 5'2" casing
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17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE'1103. 7-24-70 (1) Reperforated 9859-83 with 2 shots/file (2) Acidized perfs 9859-83 w/16500 gel 28 and 300 lb benzoic acid flakes in two (3) Swebbed back all load tacid wate (4) Reran hydraulic pumping equipment. Completed work on 7-24-70. Note: The Form C-103 of intention work was Not filed.	t in 5'2" casing of. Hel acid stages r n to do This
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1703. 7-24-70 (1) Reperforated 9859-83 with 2 shots/for (2) Acidized perfs 9859-83 w/16500 gel 28 and 300 lb benzoic acid flakes in two (3) Swabbed back all load the acid wate (4) Reran hydraulic pumping equipment. (4) Reran hydraulic pumping equipment. Completed work on 7-24-70. Note: The Form C-103 of intention work was NoT filed. 18.1 hereby certificiant the information above is true and complete to the best of my knowledge and belief. 18.1 hereby certificiant the information above is true and complete to the best of my knowledge and belief.	t in 52" casing of. Hel acid stages r A to do This
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NO. OF COPIES RECEIVED	_		
DISTRIBUTION	NEW MEXICO ON	CONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE	The state of the s	AND	Effective 1-1-65
u.s.g.s.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	AOTHORIZATION TO TR	ARSI ORT OIL ARD PARTORIL	· · · ·
OIL			
TRANSPORTER GAS			
OPERATOR			
PROPATION OFFICE			
Operator Operator		\	
7	Only Grangany		
Address			
B 1031	milled I	e star	
Reason(s) for filing (Check proper b)ox)	Other (Please explain) .) for the second to
New Well	Change in Transporter of:	Designation	I gad transporter.
Recompletion	Oil Dry C		/
Change In Ownership	Casinghead Gas Cond	lensate	
If change of ownership give name and address of previous owner)		
I. DESCRIPTION OF WELL AN	D LEASE		
Lease Name	Lease No. Well No. Pool!	Name, Including Formation .	Kind of Lease
Lacourer State	(C_{ij})	nola) (Kenn)	State, Federal or Fee
Lagrica	2 6-12		43
1 D	60 Feet From The Marton L	ine and 660 Feet From	n The West
Unit Letter;(a	7 C Teet I lom I mo partition		2)
Line of Section	Township 9-5 Range	36-E , NMPM,	Lea) County
I. DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL O	Address (Give address to which app	roved copy of this form is to be sent)
19/2/11	the first the state of the stat	Cincold age to which apr	proved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas X or Dry Gas	1 -	
atil Service O	1.16	Day 300 ful	
			ta) Offstana
If well produces oil or liquids,	Unit Sec. Twp. Rge.		when
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 16 9-5 36-		Undefinite)
give location of tanks.	D 16 9-5 36-	E pro	When Cudefinite
give location of tanks. If this production is commingled	D 16 9-5 36-	E /120 ol, give commingling order number:	Andificité)
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool	E /120 ol, give commingling order number:	Andificité)
give location of tanks. If this production is commingled	with that from any other lease or pool	ol, give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
give location of tanks. If this production is commingled V. COMPLETION DATA	with that from any other lease or pool	E /120 ol, give commingling order number:	Andificité)
If this production is commingled V. COMPLETION DATA Designate Type of Comple	with that from any other lease or poor etion - (X)	ol, give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
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give location of tanks. If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.)	with that from any other lease or poor etion - (X) Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation	Del, give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
give location of tanks. If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	with that from any other lease or poor etion — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A	ol, give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
give location of tanks. If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.)	with that from any other lease or poor etion - (X) Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe
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give location of tanks. If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	with that from any other lease or poor etion — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A	New Well Workover Deepen Total Depth Top Oil/Gas Pay	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe
give location of tanks. If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	with that from any other lease or poor etion — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE	New Well Workover Deepen Total Depth Top Oil/Gas Pay AND CEMENTING RECORD DEPTH SET	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
give location of tanks. If this production is commingled v. COMPLETION DATA Designate Type of Complete Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE V. TEST DATA AND REQUEST	with that from any other lease or poor etion - (X) Date Compl. Ready to Prod. TUBING, CASING, A CASING & TUBING SIZE TEOR ALLOWARIE. (Test must be	New Well Workover Deepen Total Depth Top Oil/Gas Pay AND CEMENTING RECORD DEPTH SET	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
give location of tanks. If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	with that from any other lease or poor etion — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE T FOR ALLOWABLE (Test must be able for this	New Well Workover Deepen Total Depth Top Oil/Gas Pay AND CEMENTING RECORD DEPTH SET	Plug Back Same Res'v. Diff. Res'v

Choke Size

Casing Pressure

Gas - MCF Water - Bbls. Gravity of Condensate Bbls. Condensate/MMCF Casing Pressure Choke Size OIL CONSERVATION COMMISSION al 6,1970 BY SUPERVISOR DISTRIFA TI7/JE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Length of Test

Actual Prod. During Test

GAS WELL
Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Tubing Pressure

Length of Test

Tubing Pressure

Oil-Bbls.

(Signature)

1920

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.