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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SEP 27 11 27 AM '67

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	E-9235

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	8. Farm or Lease Name
3. Address of Operator	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER "G" , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 7-8 RANGE 33-E NMPM.	Hobbs "U"
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4424' DF	Roosevelt

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 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 Treating <input checked="" 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.

HOBBS "U" WELL NO. 1

- Moved in and rigged up Workover Rig.
- Pulled rods and tubing.
- Treated down casing through 4-1/2" OD casing perfs. 4284-4445' with 30,000 gallons lsc. oil, 37,500# 20/40 sand and 6 ball sealers.
- Ran tubing and rods with pump.
- Installed pumping equipment and returned well to a producing status.
- Well pumping top allowable.

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

(Signed) **V. E. Fletcher**

SIGNED **V. E. Fletcher** TITLE **District Superintendent** DATE **September 28, 1967**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: