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HUBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUL 2 11 38 AM '68

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. Gallina #2

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 Western States Producing Company	8. Farm or Lease Name State 30
3. Address of Operator 900 Bank of the Southwest, Midland, Texas	9. Well No. 4
4. Location of Well UNIT LETTER K, 1980 FEET FROM THE south LINE AND 1980 FEET FROM THE west LINE, SECTION 30, TOWNSHIP 7-S, RANGE 33-E, NMPM.	10. Field and Pool, or Wildcat Chaveroo
15. Elevation (Show whether DF, RT, GR, etc.) 4432 GR	12. County Roosevelt

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

TD 4406' lime. Reached TD 1:00 p.m., 6-26-68.

Ran 135 joints of 4-1/2", 10.5# 5-55, ST&C casing set @ 4406' rotary table measurements. Cemented with 150 sks 2% Incore, 5# salt per sk, 300 gals mud sweep plus 500 gals acetic acid. Plug down 5:00 p.m., 6-27-68. WOC 48 hours. Tested casing with 1000 psi for 30 mins - held o.k.

Prep to complete.

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

SIGNED Jan McCombs TITLE Office Manager DATE July 1, 1968

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE

CONDITIONS OF APPROVAL, IF ANY: