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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 27 2 17 PM '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	
7. Unit Agreement Name	
8. Farm or Lease Name	
State 30	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Chaveroo	
12. County	
Roosevelt	

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
Western States Producing Company
3. Address of Operator
900 Bank of the Southwest Midland, Texas 79701
4. Location of Well
UNIT LETTER N, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 7-S RANGE 33-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Perf & Treatments <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.

7-29: Perforated 4186, 4194, 4204, 4215, 4220, 4253, 4268, 4272, 4291, 4304, 4339, 4344, 4377, 4387, 4393, 4396.

7-30: Acidized w/1,000 gal. Fraced w/40,000 gals refined oil.

8-1 : Prep to put on pump - Well pumped back load.

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

SIGNED Jan M. Cannon TITLE Office Manager DATE 8-14-68

APPROVED BY Leslie A. Clements TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: