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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 Fee
5. State Oil & Gas Lease No.

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 Signal Oil & Gas Company	8. Farm or Lease Name State 30
3. Address of Operator 509 West Texas Avenue, Midland, Texas	9. Well No. 4
4. Location of Well UNIT LETTER E , 1880 FEET FROM THE North LINE AND 560 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 8-S RANGE 33-E N.M.P.M.	10. Field and Pool, or Wildcat Tobac (Penn)
15. Elevation (Show whether DF, RT, GR, etc.) 4399 K. B.	12. County Chaves

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 JOB <input type="checkbox"/>	OTHER Completion and Installation of Artificial Lift <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.

Tested 4-1/2" casing to 1500 psi -- held okay
Perforated 4-1/2" casing 9049' - 9052' and 9060' - 9067' with 8 holes/ft.
Treated as follows:
Treatment #1 - 500 gals. MEC 15% Acid
Treatment #2 - 3000 gals. UNISOL
Treatment #3 - 1500 gals. BDA with L-2 and W-27 additives

Tested well.
Installed Kobe hydraulic pumping equipment with KVL Packer set at 5990

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

SIGNED D. J. Delany **D. J. Delany** TITLE Production Engineer DATE May 18, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: