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LAND OFFICE		
OPERATOR		

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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-527	
7. Unit Agreement Name	
8. Farm or Lease Name	
State "C" / Little?	
9. Well No.	
4	
10. Field and Pool, or Wildcat	
Chaveroo-San Andres, Ext.	
12. County	
Chaves	

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
	Southern Minerals Corporation
3. Address of Operator	
	P. O. Box 716 - Corpus Christi, Texas 78403
4. Location of Well	
UNIT LETTER D , 660 FEET FROM THE North LINE AND 660 FEET FROM	
THE West LINE, SECTION 1 TOWNSHIP 8-S RANGE 33-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
4339.6 GR	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

Type of work Acidize - To begin on Approval

Plan to Acidize perforations from 4244' to 4338' with 3000 gallons 15% HEC Acid and 300 pounds of Wax uniheads. Subsequent report of this work will be filed on Form C-103

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

SIGNED *[Signature]* TITLE **Authorized Employee** DATE **March 7, 1969**

APPROVED BY *[Signature]* TITLE **SUPERVISOR DISTRICT #** DATE

CONDITIONS OF APPROVAL, IF ANY: