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

NEW MEXICO OIL CONSERVATION COMMISSION

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.)

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
OG-2273

1.
OIL WELL [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name

2. Name of Operator
Chambers & Kennedy

8. Farm or Lease Name
Arco State

3. Address of Operator
607 Midland National Bank Bldg., Midland, Texas 79701

9. Well No.
2

4. Location of Well

UNIT LETTER ____ **O** ____, ____ **1980** ____ FEET FROM THE ____ **East** ____ LINE AND ____ **990** ____ FEET FROM

10. Field and Pool, or Wildcat
Chaveroo

THE ____ **South** LINE, SECTION ____ **4** ____ TOWNSHIP ____ **8-S** ____ RANGE ____ **33-E** ____ NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4420 Gr

12. County
Chaves

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
		OTHER _____	[ ]
OTHER _____	[ ]		

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.

March 22, 1969
Ran 140 jts (4,424.50') 4½" OD 9.50# J55 ST&C Condition B csg and set @4436'.
Ran HOWCO oil and caps, HOWCO cement, float shoe, HOWCO latchdown baffle assembly
on top of 8' shoe joint. Cemented w/375sx Class C 5050 poz w/8# salt per sack.
Plugged w/1700 psi. Released pressure to zero. Plug held okay. Ran temperature
survey. Top of cement 3380'. WOC four days. Tested pressure 4,000 psi. No
pressure drop noted.

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

SIGNED _____   TITLE **Manager of Production**   DATE **4/3/69**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: