		-	
NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State
OPERATOR			5. State Gil & Gas Leder No.
	DRY NOTICES AND REPORTS ON PROPOSALS TO DRILL OR TO DEEPEN OR PLUG ATION FOR PERMIT -" (FORM C-101) FOR SU	WELLS	111111111646616161666
	ATION FOR PERMIT -" (FORM C-101) FOR SU	BACK TO A DIFFERENT RESERVOIR. CH PROPOSALS.)	1944 ( <del>2</del> 4 4 4 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. OIL GAS		6	7. Unit Agreement Name GONSERVATION COMM.
2. Name of Operator			
	_		8 10 BBS: LNas Mijame
<b>Phillips Petroleu</b> 3. Address of Operator	a Company	a-Bargar	Marley-A
			9. Well No.
Room B-2, Phillips	Building, Odessa, Texas	79760	1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER,	660 FEET FROM THE BOUTH	LINE AND 660 FEET	FROM Wildcat - Oil
THE CASE LINE, SEC	TION TOWNSHIP	RANGE 31-B	имрм. АЛЛИЛИЙИИИИ
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
$\frac{1}{16}$	4506 ' Gr.		Chaves
Check	Appropriate Box To Indicate N	Nature of Notice. Report of	r Other Data
NOTICE OF	INTENTION TO:		JENT 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	
		OTHER	, []
OTHER			
17. Describe Proposed or Completed	Operations (Clearly state all pertinent det	ails, and give pertinent dates, incl	uding estimated date of starting any proposed

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On 3-20-70, MI&RU Southwestern WS unit, pulled rods and pump. Hompo treated San Andres perfs 4148-65' w/8000 gals 20% CRA acid followed by 3000 gals 25 CRA. Flushed w/250 BW, w/first 140 bbls treated. Max press 2100%, inj rate of 10 HPM. ISDP 1900%, 5 min SDP 1800%, 15 min SDP 1700%. Ran rods and pump. Restored well to production.

18. I hereby certify that the information above is true and complet	TITLE <b>Associate Reservoir Engineer</b>	DATE Narch	23, 1970
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	× . ×.