| NG. OF COPIES RECEIVED |] . | |
|--|---|---|
| DISTRIBUTION | - | Form C-103 Supersedes Old |
| SANTA FE | NEW HEYICO OIL CONSERVATION COMMISSION | C-102 and C-103 |
| FILE | NEW MEXICO OIL CONSERVATION COMMISSION | Effective 1-1-65 |
| U.S.G.S. | | 5a. Indicate Type of Lease |
| LAND OFFICE | 1 | |
| OPERATOR | State XX Fee 5. State Oil & Gas Lease No. | |
| | J | |
| SUNDR | 1G-1774 | |
| OIL XX GAS WELL | OTHER- | 7. Unit Agreement Name |
| 2. Name of Operator | | E. Farm or Lease Name |
| MWJ Producing Company | | |
| 3. Address of Operator | CHAVEROO STATE | |
| 413 First National Bar | 2 | |
| | 2210 | 10. Field and Pool, or Wildcat |
| UNIT LETTER C | 2310 FEET FROM THE West LINE AND 330 FEET FR | Chaveron (San Andres) |
| THE North LINE, SECTION | ON 2 TOWNSHIP 8S RANGE 32F NMI | P.M. (()) |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| 16. Check | 4498.4 GL | Chaves |
| NOTICE OF IN | Appropriate Box To Indicate Nature of Notice, Report or (SUBSEQUE | Other Data NT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK | |
| TEMPORARILY ABANDON | | ALTERING CASING |
| PULL OR ALTER CASING | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| | CHANGE PLANS CASING TEST AND CEMENT JQB | |
| OTHER | OTHER Acidize | |
| 17. Describe Proposed or Completed Operator work) SEE RULE 1905. | erations (Clearly state all pertinent details, and give pertinent dates, includi | ing estimated date of starting any proposed |
| 11/24/75 - Pressure to | ested casing to 4000 paid. Took OV. D | _ |
| Perforated | ested casing to 4000 psi. Test OK. Ran gamma-@ 4303, 07, 09, 11, 13, 19, 21, 23, 33 & 41 (1 | -ray neutron log. ten – 1/2" holes). |
| 11/25/75 - Treat w/750 | gals, 15% NE acid. | |
| 11/26/75 - Ran 2" x 1- | 1/2" x 12' pump. Started pumping 12/2/75. | |
| | | |
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| | | |
| | | |

| | 4.4 | complete to the best of my knowledge and belief. | |
|---------------------------------|-----|--|------------------|
| SIGNED Schlagel | | TITLE Agent | December 2,41975 |
| | | | DEO 1917 |
| CONDITIONS OF APPROVAL, IF ANY: | | TITLE | DATE |