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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 20 2 17 PM '68

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.	
OG 6171	
7. Unit Agreement Name	
8. Farm or Lease Name	
Smelting State	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Wildcat	
12. County	
Lea	

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Western States Producing Company

3. Address of Operator
900 Bank of the Southwest Midland, Texas 79701

4. Location of Well
UNIT LETTER F, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 12-S RANGE 34-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4178.6 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 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 JOBS <input type="checkbox"/>	OTHER Re-entry operations <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 1703.

T.D. 10,065 PBTD 10,058

7-17-68: Perforated @ 9998; 10,000; 10,002; 10,004; 10,006; 10,008; 10,010
7-18-68: Acidized with 1,000 gal. Started swabbing -
7-19/7-24 Waiting on pump.
7-26-68: Putting on pump
8-13-68: Pumping back load

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

SIGNED John McCammon TITLE Office Manager DATE 8/16/68

APPROVED BY Leslie H. Clements TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: