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# NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 20 8 51 AM '68

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>K-6272 &amp; B-399-35</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State "19" Comm-</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Undesignated</b>
12. County <b>Lea</b>

## 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 <b>Delaware Apache Corporation</b>
3. Address of Operator <b>1720 Wilco Bldg., Midland, Texas 79701</b>
4. Location of Well UNIT LETTER <b>2</b> , <b>660</b> FEET FROM THE <b>E</b> LINE AND <b>1980</b> FEET FROM THE <b>S</b> LINE, SECTION <b>19</b> TOWNSHIP <b>13 south</b> RANGE <b>33 east</b> NMPM.

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

**4267.3 Gr.**

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Perforate & Acidizing** ☒  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

10-21-68 Schlumberger ran logs. Ran tubing & Guiberson KVL 30 Packer to 9653' (311 jts 2-3/8" OD, 4.70#, N-80, EUE, new tubing)

10-22-68 Schlumberger perforated 9734-36'; 9739-40'; 9743-47', Gamma PDC measurements w/2 JSPP. Dowell acidized perf's w/500 gal. 15% MCA w/4000# breakdown pressure, 2400# max treating pressure, 700# min treating pressure. Started swabbing.

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

SIGNED Roy W. Reeves

TITLE District Production Foreman

DATE 10-24-68

APPROVED BY John W. Runyan

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: