

|                        |  |  |
|------------------------|--|--|
| NO. OF COPIES RECEIVED |  |  |
| DISTRIBUTION           |  |  |
| SANTA FE               |  |  |
| FILE                   |  |  |
| U.S.G.S.               |  |  |
| LAND OFFICE            |  |  |
| OPERATOR               |  |  |

HUBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 24 11 53 AM '67

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

|   |                    |
|---|--------------------|
| 5a. Indicate Type of Lease                                  |                    |
| State <input type="checkbox"/> Loc <input type="checkbox"/> |                    |
| 5. State Oil & Gas Lease No.                                |                    |
| 6. Unit Agreement Name                                      |                    |
| 7. Name of Lease Owner                                      | J. E. Stokes et al |
| 8. Well No.   | 1                  |
| 10. Field and Pool, or Willard                              | Shoe Bar-Wolfcamp  |
| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>                                     |
| 2. Name of Operator<br>Ashmun & Hilliard  |
| 3. Address of Operator<br>710 Vaughn Building, Midland, Texas 79701   |
| 4. Location of Well<br>UNIT LETTER "G" , 1980 FEET FROM THE North LINE AND 2310 FEET FROM<br>THE East LINE, SECTION 26 TOWNSHIP 16-S RANGE 35-E NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3964' GL   |

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            |

SUBSEQUENT REPORT OF:

|  |   |
|--|---|
| REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>                                  |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/>                             |
| CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER Squeezed depleted Wolfcamp zone <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 1103.

Squeezed depleted Wolfcamp perms from 10,282'-88' w/50 sx cement to 5000#.  
Drld cement out - tested perms to 3000#. Perfs held okay.

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

SIGNED Jim Ottest TITLE Production Superintendent DATE May 23, 1967

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: