|  |   |                 | · ~ .                               |                              |
|--|---|-----------------|-------------------------------------|------------------------------|
| NO. OF COPIES RECEIVED<br>DISTRIBUTION<br>SANTA FE | Form C-103<br>Supersedes Old<br>C-102 and C-103<br>Effective 1-1-65 |                 |                                     |                              |
| U.S.G.S.   |   | 4 - NMOCC       |                                     | 5a. Indicate Type of Lease   |
|  |   | l ¬ File        | 4                                   | State 🗶 Fee                  |
| OPERATOR   |   | • • •           |                                     | 5. State Oil & Gas Lease No. |
|  | B-7897  |                 |                                     |                              |
| SUN<br>(do not use this form for<br>use "appl      |   |                 |                                     |                              |
| 1.<br>OIL GAS WELL                                 | OTHER- DRY  |                 |                                     | 7. Unit Agreement Name       |
| 2. Name of Operator                                | 8. Farm or Lease Name   |                 |                                     |                              |
| GE   | State "PS"  |                 |                                     |                              |
| 3. Address of Operator                             | 9. Well No.   |                 |                                     |                              |
| P.   | 2   |                 |                                     |                              |
| 4. Location of Well                                | 10. Field and Pool, or Wildcat                                      |                 |                                     |                              |
| UNIT LETTER  | 2005 FEET FROM T  | South           | LINE AND FEET I                     | Lovington San Andres         |
|  | ECTION TOW  |                 |                                     |                              |
|  | 12. County  |                 |                                     |                              |
|  |   |                 |                                     | Lea                          |
|  | ck Appropriate Box T<br>F INTENTION TO:                             | [o Indicate Nat | ure of Notice, Report or<br>SUBSEQU | Other Data<br>ENT REPORT OF: |
| PERFORM REMEDIAL WORK                              |   |                 | IEMEDIAL WORK                       | ALTERING CASING              |
| OTHER  |   |                 |                                     |                              |

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.

This well was perforated 4701 - 49, treated w/1250 gals acid, no results, treated w/8000 gals 28% acid and 8000 gals 3% acid. Set pumping equipment and pumped back all but 175 BLW. Treated w/30,000 gals gelled water and 23,000# sand on 12-22-67. Pumped all but 644 BLW before shutting unit down on 1-10-68. It is proposed to lay 25 sack cement plug over perforations 4701 - 49 and 10 sack surface plug and install dry hole marker.

Mud between plags

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

| SIGNED      | Original Signed By<br>C. L. WADE |        | TLE Area | Superintendent | DATE 24 | 26-68          |
|-------------|----------------------------------|--------|----------|----------------|---------|----------------|
| APPROVED BY | S OF APPROVAL, IF ANY:           | mey TI | τιε      | . • . •        | DATE    | <u> 2 2 32</u> |