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NEW MEXICO OIL CONSERVATION COMMISSION

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 5097

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"/>	7. Unit Agreement Name
2. Name of Operator Western Oil Producers, Inc.,	8. Farm or Lease Name Western Oil Producers
3. Address of Operator P. O. Box 2055, Roswell, New Mexico	9. Well No. State "3" 1
4. Location of Well UNIT LETTER M 766 FEET FROM THE South LINE AND 554 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 16S RANGE 34E NMPM.	10. Field and Pool, or Wildcat North Vacuum
11. Elevation (Show whether DF, RT, GR, etc.) 4068 RKB	12. County Lea

16. 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input 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.

12/5/69

Pulled rods and ran BHP bomb. Took 72 hr buildup.

12/8 to 12/11/69

Swabbed 128 Bbls in 48 hrs.
Pulled BHP bomb. Ran tubing to 10,754'
Pump set at 10,750'

12/12/69

Well back on pump. Well did not pump up - lost tubing anchor.

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

SIGNED <u>[Signature]</u>	TITLE <u>Asst</u>	DATE <u>2-17-70</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>Asst</u>	DATE <u>2-17-70</u>
CONDITIONS OF APPROVAL, IF ANY:		