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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.
E-398

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator CITIES SERVICE OIL COMPANY	
3. Address of Operator P.O. Box 69, Hobbs, N.M. 88240	
4. Location of Well UNIT LETTER I , 2310 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 17S RANGE 33E NMPM.	

7. Unit Agreement Name
8. Farm or Lease Name Gifford A-State
9. Well No. 1
10. Field and Pool, or Wildcat Corbin Abo

15. Elevation (Show whether DF, RT, GR, etc.) 4038 GR

12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" 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 <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.

TD 8829 PBDT 8782, 4 $\frac{1}{2}$ " casing @ 8825', perforations 8594--8644'.

It is proposed to acidize the Gifford A State No. 1 with 3000 gallons of 15% HCL and ball sealers in an attempt to increase production.

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

SIGNED _____ TITLE **Dist. Admin. Supervisor** DATE **June 14, 1972**

APPROVED BY **Orig. Signed by John Rinyan Geologist** TITLE _____ DATE **JUN 16 1972**
CONDITIONS OF APPROVAL, IF ANY:

10

11-1-1970

GEORGE WASHINGTON COMM.
WASHINGTON, D. C.