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HOBBS OFFICE D. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUN 24 3 24 PM '68

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No.	
10. Field and Pool, or Wildcat	
12. County	

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 - A" (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
3. Address of Operator	7. Unit Agreement Name
4. Location of Well	8. Farm or Lease Name
UNIT LETTER <u>A</u> , <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>18-S</u> RANGE <u>38-E</u> NMPM.	9. Well No.
15. Elevation (Show whether DF, RT, GR, etc.)	10. Field and Pool, or Wildcat
<u>3671' GL</u>	12. County
	<u>Lea</u>

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 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.

4257' PB.

Pumped 1000 gallons of 28% acid down casing over perforations 4224' to 4246'.
Flushed with 1000 gallons of treated water. Returned well to production.

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

ORIGINAL SIGNED BY

SIGNED G. D. BORLAND

TITLE Area Production Manager

DATE June 24, 1968

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE [Signature]

DATE [Signature]