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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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 <b>Atlantic Richfield Company</b>		8. Farm or Lease Name <b>Grimes</b>
3. Address of Operator <b>P. O. Box 1978, Roswell, New Mexico 88201</b>		9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>0</b> , <b>330</b> FEET FROM THE <b>South</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>20</b> TOWNSHIP <b>18-S</b> RANGE <b>38-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Hobbs-San Andres</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3638' Ground</b>		12. County <b>Lea</b>

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 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 <b>ACIDIZE</b> <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.

Treated open hole interval 4037-4158' w/500 gallons 15% HCl acid, in an attempt to increase production. Pumped down 2-7/8" tbg. Displaced w/13.5 bbls formation water. Well on vacuum in 5 min. After 10 min pumped an additional 3.5 bbls formation water. Before treatment well pumped 27 BO & 108 BW in 24 hrs. After treatment pumped 30 BO & 174 BW in 24 hrs.

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

Original Signed  
SIGNED O. D. Bretches TITLE Dist. Drlg. Supervisor DATE 10-29-68

APPROVED BY John W. Runyan TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: