	٦		Form C-103
. COPIES RECEIVED			Supersedes Old
TRIBUTION			C-102 and C-103
FE	NEW MEXICO OIL CO	NSERVATION COMMISSION	Effective 1-1-65
LE			
S.G.S.	7		5a. Indicate Type of Lease
	┥		State Fee X
AND OFFICE			5. State Oil & Gas Lease No.
PERATOR			
SUND	RY NOTICES AND REPORTS (ROPOSALS TO DRILL OR TO DEEPEN OR PLU RICH FOR PERMIT -" (FORM C-101) FOR	ON WELLS IS BACK TO A DIFFERENT RESERVOIR.	
USE "APPLICA	TION FOR PERMIT - ** (FORM C-101) FOR	SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL WELL	OTHER-		8. Farm or Lease Name
Name of Operator	•		
kelly Oil Company	Clara Fowler		
Address of Operator			9. Well No.
	1		
. O. Box 1351, Midlan	10. Field and Pool, or Wildcat Hobl		
Location of Well			
UNIT LETTER C	440 FEET FROM THE NORT	LINE AND 2310 FEET	FROM (Grayburg-San Andrea)
THE West LINE, SEC	имрм. (////////////////////////////////////		
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
		3651' DF	Lea
	Appropriate Box To Indicat	e Nature of Notice Report of	or Other Data
		subsection subsection	UENT REPORT OF:
NOTICE OF	INTENTION TO:	300324	SERVI TREE STATE OF THE SERVICE OF T
			ALTERING CASING
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	=======================================
EMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
ULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	
OTHER Visqueeze Grayb	erg-San Andres	X	
OTHER VIAULE - 4022-410	61		
7. Describe Proposed or Completed	Operations (Clearly state all pertinent	t details, and give pertinent dates, inc	cluding estimated date of starting any propose
work) SEE RULE 1 103.			
to attempt to squeeze 1) Move in workover	tes for this well are 2 off the water productirig. Pull rods and tub pensated Neutron log 25	ing.	wing steps:
2) Run Gamma Ray Com	San Andres perfs. 4032-	4196' with 115 sacks V:	isqueeze Mark II.
3) Squeeze Grayburg-	oduction status pumping	Grayburg-San Andres D	erfs. 4032-4196'.
Return well to pr	odfiction acards hombing	diaybare ban initially p	
		hest of my knowledge and helief.	
18. I hereby certify that the informa	tion above is true and complete to the	nest of my knowledge and better.	
(Signed) D. R. Crow			
(5.654) 25 11 01017	D. R. Crow TITLE	Lead Clerk	DATE
GIGNED	WI AND WAYER		
	A FOREST STATE		
	, , , t		DATE
APPROVED BY	TITLE		VAIE

CONDITIONS OF APPROVAL, IF ANY: