SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION FILE U.S.G.S. LAND OFFICE OPERATOR 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.) 7. Unit Agreement Name OIL WELL OTHER-	DISTRIBUTION	ì	_	G 18	Form C-103
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BEX 670, Blobs, New Mexico 4. Location of Wall DIFF LETTER F 1650 THE West LINE, SECTION 32 TOTAL BAR BOND Whether DF, RT, CR, etc.) AS37 III. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEMPORALIV ABANGE PULS AND ABANGE PLANS CHANGE PLANS CHANGE PLANS THE MORE TEMPORALIV AGAING TOTHER ACTION 28E MULE 1703. 17. Describe Proposed or Campleted Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE MULE 1703. 18. Thereted Open hole interval 39h0' to \$155' down tubing with 750 gallons of 15% NE acid. Plushed with 15 barrels of cil. Maximum pressure 200%, on vacuum at end of treatment. AIR 2 bpm. Returned well to production. 18. Thereby certify that the information above is true and complete to the best of my knowledge and brief. ORIGINAL SIGNED BY- C. D. BORRAND THE AREA Production Manager Area Production Manager April 17, 1967		n			
A Continue of Well THE West LINE, SECTION 32 TOWNSHIP 18-8 RANGE 38-E NAME Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORABLY ARABDON OTHER OTHER Treated open hole interval 39h0' to 1155' down tubing with 750 gallons of 15% NE acid. Plashed with 15 berrels of oil. Maximum pressure 200%, on vacuum at end of treatment. AIR 2 bym. Returned well to production. 18. Thereby certify that the information above is true and complete to the best of my knowledge and helief. ORIGINAL SIGNED BY C. D. BORKING BERD BY C. D. BORKING DEAD ORIGINAL SIGNED BY C. D. BORKING DEAD Treated OPEN Returned well 10 production. Street and complete to the best of my knowledge and helief. ORIGINAL SIGNED BY C. D. BORKING DEAD OTHER 18. Thereby certify that the information above is true and complete to the best of my knowledge and helief. ORIGINAL SIGNED BY C. D. BORKING DEAD OTHER 18. Thereby certify that the information above is true and complete to the best of my knowledge and helief. ORIGINAL SIGNED BY C. D. BORKING DEAD OTHER 18. Thereby certify that the information above is true and complete to the best of my knowledge and helief. ORIGINAL SIGNED BY C. D. BORKING DEAD OTHER 18. Thereby certify that the information above is true and complete to the best of my knowledge and helief. ORIGINAL SIGNED BY C. D. BORKING DEAD OTHER 18. Thereby certify that the information above is true and complete to the best of my knowledge and helief. ORIGINAL SIGNED BY OTHER 18. Thereby certify that the information above is true and complete to the best of my knowledge and helief. ORIGINAL SIGNED BY ORIGINAL SI					
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15. Elevation (Show whether DF, RT, CR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORATIVE ARABDON PULL OR ALTERING CASING CHANGE PLANS CASING TEST AND CEMENT JOB OTHER ACIDIAL COMMENCE CRILLING OPHS. CASING TEST AND CEMENT JOB OTHER ACIDIAL COMMENCE CRILLING OPHS. CASING TEST AND CEMENT JOB OTHER ACIDIAL COMMENCE CRILLING OPHS. CASING TEST AND CEMENT JOB OTHER ACIDIAL COMMENCE CRILLING OPHS. CASING TEST AND CEMENT JOB OTHER ACIDIAL COMMENCE CRILLING OPHS. CASING TEST AND CEMENT JOB OTHER ACIDIAL COMMENT ALTERING CASING CASING TEST AND CEMENT JOB OTHER ACIDIAL COMMENT ALTERING CASING CASING TEST AND CEMENT JOB ALTERING CASING CASING TEST AND CEMENT JOB CASING TEST AND CEMENT JOB ALTERING CASING CASING TEST AND CEMENT JOB CASING TEST AND CEMENT JOB ALTERING CASING ALTERING CASING CASING TEST AND CEMENT JOB ALTERING CASING ALTERING CASING ALTERING CASING ALTERING CASING ALTE	UNIT LETTER	1050 FEET FROM THE	NOT GIT LINE AND	FEET FROM	
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CONDITIONS OF APPROVAL, IF ANY: