DISTRIBUTION SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION SUpersedes Old C-102 and C-103 Effective 1-1-65			F C 355
DISTRIBUTION SANTA FE FILE VAS. OFFICE OPERATOR SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY OFFICE OFFICE) OPERATOR SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY OFFICE OFFICE) OPERATOR SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY ON THE SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY ON THE SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY ON THE SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY ON THE SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY ON THE SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY ON THE SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY ON THE SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY ON THE SUNDRY NOTICES AND REPORTS ON WELLS (SO MAY ON THE SUNDRY NOTICES AND REPORTS ON WELLS (NOTICE OF COMMAND ON THE SUNDRY NOTICES AND REPORTS ON THE SUNDRY NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: SUBSEQUENT R	NO. OF COPIES RECEIVED		Form C-103 Supersedes Old
SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS ACCURATION OF THE CONTROL OF THE COLOR OF T			C-102 and C-103
Second State Seco	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
LAND OFFICE OPERATOR SUNDRY NOTICES AND REPORTS ON WELLS. SO NOT USE THAT STANDARD PRODUCTS AND REPORTS ON WELLS. SO NOT USE THAT STANDARD PRODUCTS AND REPORTS ON WELLS. SO NOT USE THAT STANDARD PRODUCTS AND REPORTS ON WELLS. SO NOTICE Comments of Comments W. D. Origina (RCP-A) 1. Describes of Comments W. D. Origina (RCP-A) 1. Describes of Well So NOTICE of Notices (RCP-A) 1. Describes of Well So NOTICE of NOTICES AND REPORTS ON WELLS. THE West INC. SECTION 32 THE WE	FILE		Sq. Indicate Type of Lease
DOPERATOR SUNDRY NOTICES AND REPORTS ON WELLS TO NOT USE THIS SECRET OF WELLS PROMISE STATE OF SCHOOL SECRET PROMISE. TO NOT USE THIS SECRET OF WELLS PROMISE STATE OF SCHOOL SECRET PROMISE. TO NOTICE OF THE SECRET OF SECRET PROMISE STATE OF SCHOOL SECRET PROMISE. TO NOTICE OF THE SECRET OF SECRET PROMISE STATE OF SCHOOL SECRET PROMISE. THE SECRET OF SECRET PROMISE STATE SECRET PROMISE SECRET PROMISE STATE SECRET PROMISE SECRET PROMISE STATE SECRET PROMISE STATE SECRET PROMISE STATE SECRET PROMISE SECRET PROMISE STATE SECRET PROMISE SECRET PROMISE SECRET PROMISE SECRET PROMISE STATE SECRET PROMISE	U.S.G.S.		
SUNDRY NOTICES AND REPORTS ON WELLS TO NOT USE THIS SUPPLY NOTICES AND REPORTS ON WELLS TO NOT USE THIS SUPPLY NOTICES AND REPORTS ON WELLS TO NOT USE THIS SUPPLY NOTICES AND REPORTS ON WELLS TO NOT USE THIS SUPPLY NOTICES AND REPORTS ON WELLS TO NOT USE THIS SUPPLY NOTICES AND REPORTS ON WELLS TO NOT USE THE SUPPLY NOTICES AND REPORTS ON WELLS TO NOT USE THE SUPPLY NOTICES AND REPORTS ON WELLS THE West THE SUPPLY NOTICES AND REPORTS ON WELLS TO NOTICE OF INTENTION TO: THE WEST THE SUPPLY NOTICES AND REPORTS ON WELLS TO NOTICE OF INTENTION TO: THE WEST THE SUPPLY NOTICE OF INTENTION TO: THE WEST THE SUPPLY NOTICE OF INTENTION TO: THE WEST THE SUPPLY NOTICE OF INTENTION TO: THE SUPPLY NOTICE OF INTENTION TO: THE WEST THE SUPPLY NOTICE OF INTENTION TO: THE WEST THE SUPPLY NOTICE OF INTENTION TO: THE WEST THE CAMPING OF THE SUPPLY NEEDED AND ADARDON TO THE SUBSEQUENT REPORT OF: THE WEST THE CAMPING OF THE SUPPLY NEEDED AND ADARDON TO THE SUPPLY NEEDED AND ADAR	LAND OFFICE		
The state of the s	OPERATOR		5. State Off & das Lease No.
The state of the s			
The state of the s	SUNDR	RY NOTICES AND REPORTS ON WELLS	
2. Name of Operator W. D. Ortines (NC2-A) 3. Address of Operator Box 670, Hobbs, New Mexico 4. Docution of Well Unit Letter C 990 FEET FROM THE MORTH THE West LINE, SECTION 32 TOWNSHIP IS. PARKE SANGE Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SCHEMANIN ASNOON PRIL OR ALTER CASHS OTHER TELEPRANIN ASNOON PRIL OR ALTERING CASHS OTHER TOWNSHIP IS. Describe Proposed or Completed Operations (Clearly state all peniness density, and give pertinent dates, including actimated date of starting any proposed useful.) SEC BULL 193. Pumped 1000 gellons of 15% NEA on spot. Lat set 20 minutes. Flushed with 20 bearrels of lesses oil. Nextimus pressure 200f, min Of. Well on vacuum at end of treatment. Subbed and kicked off and returned well to production. 15.1 hereby certify that the information above its true and complete to the best of my knowledge and belief. ORIGINAL SIGNEDAR Appropriation Names Towns June 16, 1965		ION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7 Unit Agreement Name
WELL STATES CONTROL OF COPENS NOTICE OF INTENTION TO: SEMECIAL WELL Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SEMECIAL WERE CHANGE PLANS	l.		7. Only rigidement reams
### D. Grines (NC2-A) ### Only Old Corporation ### Only Old Corporation ### Only Old Mobbs, New Mexico ### West ### West ### Inc. Section 32 #### The West #### Inc. Section 32 #### The West #### Inc. Section 32 ##### Inc. Section 33 ##################################		OTHER.	8 Farm or Lease Name
3. Address of Operator Box 670, Hobbs, New Mexico 4. Cocotton of Well UNIT LETTER C 990 FEET FROM THE Morth 11. Flerid and Proof, or Wildow Hobbs 12. Control Well 13. Elevation (Show whether DF, RT, GR, etc.) 3636 CL Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: FERFORM REMEDIAL WORK TEMPORARIEY ARANDON FILL OF ALIFE CASINE CANCE PLANS CANCE PLANS CANCE PLANS CANCE PLANS CHARGE PLANS CANCE PLANS CANCE PLANS CANCEL P			1
Box 670, Hobbs, New Mexico 4. Location of Weil Unit Letter C 990 THE West Line, Section 32 TOWNSHIP 18-S MARKE 38-B MARKE THE West Line, Section 32 TOWNSHIP 18-S MARKE 11, CR, Act.) 15. Elevation (Show whether DF, RT, CR, Act.) 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PLOG AND ABANDON SEMBLIA WORK SUBSEQUENT REPORT OF: PLOG AND ABANDON SEMBLIA WORK SUBSEQUENT REPORT OF: PULL OR ALTER CADING CASING CANGE PLANS STATE TEAT OF THE PROPRIET OF SUBSEQUENT REPORT OF: A CICILISE 193. 17. Demonstra Frequent of Completed Operations (Clearly state all personed details, and give personed dues, including estimated date of starting any proposed work) SEE NULE 193. 18. Demonstra Frequent of Completed Operations (Clearly state all personed details, and give personed dues, including estimated date of starting any proposed work) SEE NULE 193. 19. Demonstra Frequent of Completed Operations (Clearly state all personed details, and give personed dues, including estimated date of starting any proposed work) SEE NULE 193. 19. Demonstra Frequent dues, including estimated date of starting any proposed and kicked off and returned well to production. 10. Thereby certify that the information above is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED AT Area Production Memorar Area Production Area Production Area Production			
ALDERSON OF WEST CONTINUENCE C			7
THE WOST LINE, SECTION 32 TOWNSHIP 18-S MANSE 38-R AMPHORATION SHOW WHETHER DEF, RT., GR. SEC.) 15. Elevation (Show whether DF, RT., GR. SEC.) 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: 17. DEBETORM REMEDIAL WORK CHANGE PLANS CHANGE PLANS CHANGE PLUS AND ABANDON CHANGE PLANS CHANGE PLUS AND ABANDON CHANGE PLUS AND ABANDON CHANGE PLUS AND CHANGE PLUS AND CHANGE PLUS AND ABANDONNENT CASING PLUS AND ABANDONNENT CHANGE PLUS AND C	Box 670, Hobbs, New Me	<u> </u>	10 Field and Root, or Wildcat
THE WEST CHARLESTON 32 TOWNSHIP 18-S NAMES 38-E NAMES 3		2210	
15. Elevation 32 Township 16-S RANGE 38-E NAME 12. County 15. Elevation (Show whether DF, RI, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK CHANGE PLANS CHANGE PLANS CASING TEST AND CEMENT JCR. OTHER 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed underly SEE RULE 1103. Pumped 1000 gellons of 15% NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lesse oil. Maximum pressure 2006, min 0%. Well on vacuum at end of treatment. Swebbed and kicked off and returned well to production.	UNIT LETTER,	990 FEET FROM THE NOTED LINE AND 2310 FEET	FROM
18. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK	•	aa 19.0 28.R	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: BERFORM REMEDIAL WORK TEMPORABILY ABANDON TEMPORABILY ABANDON TOTHER 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. Pumped 1000 gallons of 155 NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lesse oil. Maximum pressure 200f, min 0f. Well on vacuum at end of treatment. Swabbed and kicked off and returned well to production.	THE West LINE, SECTION	ON TOWNSHIP RANGE	NMPM.
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: BERFORM REMEDIAL WORK TEMPORABILY ABANDON TEMPORABILY ABANDON TOTHER 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. Pumped 1000 gallons of 155 NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lesse oil. Maximum pressure 200f, min 0f. Well on vacuum at end of treatment. Swabbed and kicked off and returned well to production.		(C) I d DE PT CP and	12 County
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: REMPORM REMEDIAL WARK			
NOTICE OF INTENTION TO: PLUG AND ABANDON			
PERFORM REMIDIAL WORK TEMPORATILY ABANDON TEMPORATILY ABANDON PULL OR ALTER CASING OTHER OTHER Acidised 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. Pumped 1000 gallons of 15% NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lesse oil. Maximum pressure 200f, min 0f. Well on vacuum at end of treatment. Suebbed and kicked off and returned well to production.	Check	Appropriate Box To Indicate Nature of Notice, Report of	or Other Data
PULL OR ALTER CASING OTHER Trapposally Asanon Pull or ALTER CASING OTHER OTHER OTHER OTHER To Describe Proposed or Completed Operations (Clearly state all perinent details, and give pertinent dates, including estimated date of starting any proposed work) SEC RULE 103. Pumped 1000 gallons of 15% NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lease oil. Maximum pressure 200%, min 0%. Well on vacuum at end of treatment. Swebbed and kicked off and returned well to production. 16. I hereby certify that the information above is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED. At Area Production Menager Area Production Menager Area Production Menager Area Production Menager	NOTICE OF IN	NTENTION TO: SUBSEQ	UENT REPORT OF:
PULL OR ALTER CASING OTHER OTHER OTHER 17. Describe Proposed or Completed Operations (Clearly state all peninent details, and give pertinent dates, including estimated date of starting any proposed work) SEC RULE 1103. Pumped 1000 gallons of 15% NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lease oil. Maximum pressure 200%, min 0%. Well on vacuum at end of treatment. Swebbed and kicked off and returned well to production.		_	_
CHANGE PLANS CH	PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
OTHER Acidised 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 1703. Pumped 1000 gallons of 15% NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lease oil. Maximum pressure 200%, min 0%. Well on vacuum at end of treatment. Swebbed and kicked off and 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 MY. Area Production Manager. 2015. June 16. 1965	TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
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 1703. Pumped 1000 gallons of 15% NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lease oil. Maximum pressure 200%, min 0%. Well on vacuum at end of treatment. Suebbed and kicked off and 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 M. Area Production Manager. Area Production Manager.		CHANGE PLANS CASING TEST AND CEMENT JQB	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED MY. Area Production Menager Area Production Menager Area Production Menager Date June 16, 1965	_	OTHER	
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 103. Pumped 1000 gallons of 15% NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lease oil. Maximum pressure 200%, min 0%. Well on vacuum at end of treatment. Swabbed and kicked off and 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. Area Production Manager. PAGE June 16. 1965	OTHER		
Pumped 1000 gallons of 15% NEA on spot. Let set 20 minutes. Flushed with 20 barrels of lease oil. Maximum pressure 200%, min 0%. Well on vacuum at end of treatment. Swabbed and kicked off and 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 MY. Area Production Manager. DATE June 16. 1965			1 1' real date of starting any proposed
ORIGINAL SIGNED BY	lease oil. Maximum pr	ressure 200#, min O#. Well on vacuum at end o	ined with 20 parreis or if treatment. Swabbed
	ORIGINAL SIGNED AY		Pr DATE June 16, 1965
	ORIGINAL SIGNED AY		BT DATE June 16, 1965

CONDITIONS OF APPROVAL, IF ANY: