NO. OF COPIES RECEIVED	•		<i>*</i>	Form C-103		
DISTRIBUTION					Supersedes Old C-102 and C-103	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION				35	
FILE						
u.s.g.s.		•		5a. Indicate Type	of Lease	
LAND OFFICE				State	Fee.	
OPERATOR				5. State Oil & Ga	s Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS						
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.				7. Unit Agreemen	t Name	
OIL GAS WELL OTHER-						
2. Name of Operator R. G. McPHERON					8. Farm or Lease Name	
					S. P. Johnson	
3. Address of Operator					9. Well No.	
Sox 176, Hobbs, New Mexico 88240					2	
4. Location of Well					10. Field and Pool, or Wildcat	
UNIT LETTER HE 1650 FEET FROM THE SOUTH LINE AND 990 FEET FROM					Carter San Andres	
THE NOST	INE, SECTION 5	TOWNSHIP 15-5	RANGENMP	M. [[[[[]]]]	VIIIIIIIII	
					77777777	
15. Elevation (Show whether DF, RT, GR, etc.)				12. County		
					VIIIIII	
16.	Check Appropriate	e Box To Indicate N	Nature of Notice, Report or C	ther Data		
	E OF INTENTION		~	NT REPORT OF:		
PERFORM REMEDIAL WORK]	PLUG AND ABANDON	REMEDIAL WORK	ALTER	ING CASING	
TEMPORARILY ABANDON]		COMMENCE DRILLING OPNS.	PLUG A	ND ABANDONMENT	
PULL OR ALTER CASING]	CHANGE PLANS	CASING TEST AND CEMENT JOB			
			OTHER			
OTHER						
		,,				
 Describe Proposed or Con work) SEE RULE 1903. 	mpleted Operations (Cle	urly state all pertinent det	ails, and give pertinent dates, includi	ng estimated date of s	tarting any proposed	
Acidized well with 500 gal. 28% HCL. Repaired tubing & pump. In					oduction	
from 16 bbl/day to 27 bbl/day. New allowable requested.				,		
1100 10 00	11, ddy 10 27 00	7,0071				
			·			
18. I hereby certify that the i	nformation above is true	and complete to the best	of my knowledge and belief.			
(n					
THAT	ophera		Operator	1/28	1/69	
SIGNED	1,	TITLE		DATE		
$\setminus /$	Al La)				
101	A Sollin	1	•			
APPROVED BY	- Systime	TITLE		DATE		
CONDITIONS OF APPROVA	L, IF ANY:					
/	•					
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