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LAND OFFICE	
OPERATOR	

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 ☒ Fee ☐

5. State Oil & Gas Lease No.

B-1482

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPERFORATE OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - M (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Don H. Wilson

3. Address of Operator
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240

4. Location of Well
UNIT LETTER **M** **990** FEET FROM THE **South** LINE AND **330** FEET FROM
THE **West** LINE, SECTION **35** TOWNSHIP **17S** RANGE **35E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

State "BJ"

9. Well No.

1

10. Field and Pool, or Wildcat

Vacuum - San Andres

15. Elevation (Show whether DF, RT, GR, etc.)

3923 DF

12. County

Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

7. 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.

Perf Queen 4082-91 with 1 shot per foot. Set packer @ 4043 & treat w/1000 gal MCA acid, max pressure 3200#, average inj rate 2.5 bbls @ 2725#. Swab dry, no shows. Perf San Andres 4916-36, 22 shots. Set packer @ 4880 & treat w/1000 gal 15% MCF acid, max pressure 1400#, ave inj rate 2 bbls @ 1000#. Swab load. Pulled packer, ran tubing, rods and pump.

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

WCO *Don H. Wilson* TITLE **Agent** DATE **11/14/77**
ORIG. *Don H. Wilson*
JERRY *Don H. Wilson*
DEPT. *Don H. Wilson*
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: