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NEW MEXICO OIL CONSERVATION COMMISSION

MAR 23 1 28 PM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	East Pearl Queen Unit
3. Address of Operator	8. Farm or Lease Name
Post Office Box 1509, Midland, Texas 79701	East Pearl Queen Unit
4. Location of Well	9. Well No.
UNIT LETTER <u>N</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM	14
THE <u>West</u> LINE, SECTION <u>22</u> TOWNSHIP <u>19-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat
	Pearl - Queen
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3751' DF	Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

1. Install valve on tubing. Displace 750 gallons gypsum removal agent to perforations with injection water.
2. Treat with 1500 gallons 15% NE acid.
3. Recover load.
4. Place on production.

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

Original Signed by
N. W. Harrison

SIGNED N. W. Harrison TITLE Staff Exploitation Engineer DATE March 22, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: