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J.S.G.S.	
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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-7015
7. Unit Agreement Name West Lovington Unit
8. Farm or Lease Name
9. Well No. 42
10. Field and Pool, or Wildcat Lovington San Andres Pool
12. County Lea

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-
2. Name of Operator PRAC Inc.
3. Address of Operator P. O. Box 124, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER C , 35 FEET FROM THE North LINE AND 15 FEET FROM THE West LINE, SECTION 2 , TOWNSHIP 17-S , RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3071' GR

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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.

- Cleaned out to 51'.
- Set packer @ 440' & acidized open hole w/ 300 gals. 15% NEA in 3 equal stages w/ 100 lb. benzoic acid flakes & 100 lb. rock salt between stages.
- On 24 hr. test 4-15-73. Pumped 20 b/oil, 255 b. water, Gravity 35.8, 00R TSTM.

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

SIGNED *[Signature]* TITLE Asst. Dist. Supt. DATE 4-17-73
APPROVED BY *[Signature]* TITLE FOR DATE _____
CONDITIONS OF APPROVAL, IF ANY: