| NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. | NEW MEXICO OIL CONSERVATION COMMISSION | Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 5a. Indicate Type of Lease |
|--|---|--|
| LAND OFFICE | | State X Fee |
| OPERATOR | | 5. State Oil & Gas Lease No. |
| ······································ | | B-1414-1 |
| SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT | POSALS TO DRILL OR TO DEEPEN OF PLU; BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.) | 7. Unit Agreement Name |
| OIL GAS WELL | OTHER- | |
| Name of Operator | | 8. Farm or Lease Name |
| hell Oil Company (Weste | rn Division) | State "B" |
| , Address of Operator | | 9. Well No. |
| ost Office Box 1509, Mi | dland, Texas 79701 | 2 |
| Location of Well | 1000 Counth | 10. Field and Pool, or Wildcat |
| UNIT LETTER | 1980 South Line and 660 FEET | FROM Vacuum |
| THE East Line, section | DN 30 TOWNSHIP 17-S RANGE 35E | MPM. |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| | 3984* DF | Lea |
| 6. Check | Appropriate Box To Indicate Nature of Notice, Report o | r Other Data |
| OTHER | OTHER | |
| work) SEE RULE 1103. Pulled production equation packer at 4213', and be annulus with with additives; foll with 120 BW (431 wath and 120 BW (431 wath and 170 bar shut in with 170 bar and be an additive and be added by a statement of the statement of | (') 2 7/8", 10# double extreme drill pipe, Ba 1 12 joints (356') Hydril 2 3/8" tubing, tail 135 BW; pumped 130 BW into formation; treate owed with 15,000 gallons gelled salt water w ter treated). In acid stages (48 barrels gelled water with trels fresh water. pulled drill pipe. I and ran 151 joints 2", EUE, 8rd tubing, SN WAC Sargent pump on 186 - 3/4" rods. | ker Model "R" double grip pipe to 4569'. d with 750 gallons NE acid ith additives and flushed 3900# salt). |
| 8. I hereby certify that the information | | |

| APPROVED BY | Unel TITLE | 1 · | 2 200 22 - |
|---------------------------------|------------|-----|-----------------------|
| CONDITIONS OF APPROVAL, IF ANY: | | | |
| | | | |

| DATE | | |
|------|------|--|