NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CONSE	C-102 and C-103	
FILE	The maxico of const	KYATION COMMISSION	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
	1		B-2146
SUNDR	Y NOTICES AND DEPORTS ON H	UELLC	mmmmmm
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRITE OF TO DREPEN OR PLUS BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
1.		PROPOSALS.)	7. Unit Agreement Name
OIL X GAS WELL	OTHER.		, some rigidement (value
2. Name of Operator			8. Farm or Lease Name
Socony Mobil Gil Company, Inc.			State "I"
3. Address of Operator			9. Well No.
Box 1800, Hobbs, New Mexico			2
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER L . 660 FEET FROM THE WOST LINE AND 2180 FEET FROM			
	FEET FROM THE	LINE AND	WASSELL THE TOTAL
THE SOUTH LINE, SECTION 36 TOWNSHIP 17 S RANGE 342 NMPM			
			~: {}}}}}
	15. Elevation (Show whether DI	F, RT, GR, etc.)	12. County
	4001' TH		Lea
Check A	Appropriate Box To Indicate Nat	5 N	
PULL OR ALTER CASING OTHER		COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB	ALTERING CASING PLUG AND ABANDONMENT
17. Describe Proposed or Completed Oper work) SEE RULE 1603.	erations (Clearly state all pertinent details	s, and give pertinent dates, includin	ng estimated date of starting any proposed
•	' - Blinebry Perfs. 6569-		
w/30 bbls. oil. Trea (21 gals.) + 750 gals crude + 10 gals/1000 Bled to zero. Ran ro hours. From Blinebry	oved in and rigged up unitable 150 gr/ft. primer cord, ated Blinebry perfs. w/50 s. 5% HC l acid, mixed w/t gals. Champion 71. TP 10 pds and pump to 6542'. Pt perfs. on NMCCC Potentia 60°. Pumping 10 - 72" SF	snot at 5570-6810'. I bbls lease crude + 19 55 gals. Gyptron FSD. 500-1200#. Rate 0.5 Bi Jump 100 BLO + 32 BNO	Flushed Elinebry perfs. % Champion Block Buster Flushed w/20 bbls lease PM. SI 59 hours. TP 300# † 18 BAW + 13 BSW in 18
18. I hereby certify that the information a	heve is true and complete to the best of m	y knowledge and belief.	
SIGNED & MCAllinet	1	Group Supervisor	aur. 3-11 - 65

3-11-65

CONDITIONS OF APPROVAL, IF ANY: