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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-6005	

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Minerals, Inc.		8. Farm or Lease Name Minerals State
3. Address of Operator Box 2215, Hobbs, New Mexico		9. Well No. 1
4. Location of Well UNIT LETTER N , 990 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 19 S RANGE 34 E NMPM.		10. Field and Pool, or Wildcat Pearl Queen
15. Elevation (Show whether DF, RT, GR, etc.)		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 <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.

**Propose to drill out cement plug in 5 1/2" casing
from 4954-4972 & perforate as follows:**

4731-33
4764-69
4904-08
4958-64

**Acidize with 1000 gals and fracture with 20,000
gallons gelled brine and 1# sand per gallon.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u><i>H. L. Smith</i></u>	TITLE <u>Operations Manager</u>	DATE <u>9/20/68</u>
APPROVED BY <u><i>[Signature]</i></u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		