	_		
NO, OF COPIES RECEIVED			Form C+103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
			K-2238
(DO NOT USE THIS FORM FOR P USE "APPLIC	RY NOTICES AND REPORTS ON BROND ALS TO DRILL OR TO DEEPEN OR PLUG B ATION FOR PERMIT -" (FORM C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)	
1		<u></u>	7. Unit Agreement Name
OIL GAS WELL	OTHER-		
2. Name of Operator		· · · · · · ·	8. Farm or Lease Name
Major, Giebel & Forster			M & M State
3. Address of Operator			9. Well No.
1126	1		
4. Location of Well	• •		10. Field and Pool, or Wildcat
UNIT LETTER	520 FEET FROM THE North	LINE AND 520 FEET FRO	Scharb (Bone Springs)
THE <u>East</u> LINE, SEC	TION 12 TOWNSHIP 19-	<u>S</u> range <u>34-E</u> nmp	** <u>{ </u>
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	3920' 0	GL	Lea
^{16.} Check	Appropriate Box To Indicate N	ature of Notice, Report or C	Other Data
	INTENTION TO:	-	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER Stimulation tr	eatments
OTHER			

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.

 12/15/70
 Ran 4667' of 4 1/2" 11.60# N-80 & 5570' of 4 1/2" 11.60# J-55

 in 7 7/8" hole.
 Cemented at 10,252' w/325 sx Class C Poz Mix

 w/2% Gel & 8# salt/sx.
 Plug down @ 2:50 P.M. 12/15/70.

 WOC
 24 hrs.
 Tested csg to 1500 psi.

12/18/70 Perforated Bone Springs 10193-10199 w/1 JSPF. Acidized w/1250 gal mud acid. Swbd dry. Reacidized w/5000 gal 20% and 3000 gal 3%. Swbd dry.

 12/27/70
 Reperforated Bone Springs 10193-10199 w/ 1 JSPF. Acidized w/5000 gal 28%, 10,000 gal 5% & 15,000 gal 3%. Swbd , show of oil & gas & dry. Shut in.

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

SIGNED Lailling	TITLE Engineer	DATE]/7/7]
	TITLE A COR DOM MOT	DATE A
CONDITIONS OF APPROVAL, IF ANY		_