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Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 25 11 24 AM '69

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation	8. Farm or Lease Name W. P. Byrd
3. Address of Operator P. O. Box 1920 - Hobbs, New Mexico	9. Well No. 4
4. Location of Well UNIT LETTER C 660 FEET FROM THE north LINE AND 1980 FEET FROM THE west LINE, SECTION 12 TOWNSHIP 20-E RANGE 36-E N.M.P.M.	10. Field and Pool, or Wildcat Monument Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3568' DF	12. County Lea

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"/>	

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.

Full production equipment, clean out if necessary to TD of 3860'. String shoot OH.
Clean out, run tubing and packer and acidize with 1000 gals. acid with diverting agent.
Squeeze with scale inhibitor and resume production. Test 7-25-69 - 24 hrs - Pumped 36
BO and 44 BW on 12-24" SPH.

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

SIGNED *[Signature]* TITLE **District Superintendent** DATE **August 18, 1969**

APPROVED BY *[Signature]* TITLE **SUPERVISOR** DATE **AUG 25 1969**

CONDITIONS OF APPROVAL, IF ANY: