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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.
B-160

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	None
3. Address of Operator	8. Farm or Lease Name
P. O. Box 728, Hobbs, New Mexico 88240	New Mexico "H" St. NCT-4
4. Location of Well	9. Well No.
UNIT LETTER <u>N</u> <u>4620</u> FEET FROM THE <u>North</u> LINE AND <u>3300</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>East</u> LINE, SECTION <u>19</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.	Eunice
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3541' (D. F.)	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 type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <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.

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL

1. Pulled production rods and pump.
2. Pumped 400# Coustin potash, 110 gal sur-flow H-35, 5 gals surflo S-32, w/20 barrels fresh water down 2 1/2" tubing.
3. Squeezed 55 gals. Baroid H-35 sur-flo w/5 gals S-32 Sur-flo w/ 40 bbls. fresh water.
4. Flushed w/60 Bbls. formation water.
5. Return to pump, test, and return to pump.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>[Signature]</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>February 5, 1969</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR</u>	DATE <u>FEB 6 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		