

COUNTY OF _____
 DISTRICT OF _____
 TANTALE _____
 RINE _____
 U.S.G.S. _____
 LAND OFFICE _____

NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICES OF INTENTION TO DRILL OR TO REOPEN AN EXISTING WELL OR TO A DIFFERENT RESERVOIR.
 OR TO ABANDON A WELL OR TO REOPEN A WELL OR TO A DIFFERENT RESERVOIR.

1a. Indicate Type of Lease
 State ☒ Free ☐
 1. State Oil & Gas Lease No.
B-1534
 2. Lease Agreement Name
 3. Name of Lease Tract
State J-2
 4. Well No.
9
 5. Well Name
Acropolis Crystalline / East of Lea
 6. Well Location
Lea

7. Well Name
Acropolis Crystalline / East of Lea
 8. Well Location
Lea
 9. Well Name
Acropolis Crystalline / East of Lea
 10. Well Location
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 11. Well Name
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 96. Well Location
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 97. Well Name
Acropolis Crystalline / East of Lea
 98. Well Location
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 99. Well Name
Acropolis Crystalline / East of Lea
 100. Well Location
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

REPORT OF:

1. ☒ NEW OR REOPENING
 2. ☐ ABANDONMENT
 3. ☐ CHANGE PLANS
 4. ☐ OTHER
 5. ☐ NEW OR REOPENING
 6. ☐ ABANDONMENT
 7. ☐ CHANGE PLANS
 8. ☐ OTHER
 9. ☐ NEW OR REOPENING
 10. ☐ ABANDONMENT
 11. ☐ CHANGE PLANS
 12. ☐ OTHER
 13. ☐ NEW OR REOPENING
 14. ☐ ABANDONMENT
 15. ☐ CHANGE PLANS
 16. ☐ OTHER
 17. ☐ NEW OR REOPENING
 18. ☐ ABANDONMENT
 19. ☐ CHANGE PLANS
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 21. ☐ NEW OR REOPENING
 22. ☐ ABANDONMENT
 23. ☐ CHANGE PLANS
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 26. ☐ ABANDONMENT
 27. ☐ CHANGE PLANS
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 30. ☐ ABANDONMENT
 31. ☐ CHANGE PLANS
 32. ☐ OTHER
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 98. ☐ ABANDONMENT
 99. ☐ CHANGE PLANS
 100. ☐ OTHER

MRL. Black Cement perforfs (3432'-3612') w/ 30 bbls. 10 ppg gelled brine w/ 6 ppg
 50/50 medium and coarse ground oyster shells. Flush w/ 20 bbls 10 ppg brine.
 Fish Model Dpk from 3612'. Burn over and fish Model Dpk from 3650'. Burn
 over and fish Exner-Dodge pk from 3616'. CC to 3873'. Run GR, CCL & CNL
 from 3878' to 2500'. Run carbon-oxygen log from 3875' to 5500'. Perforations
 and acid job will be determined from logs.

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

Signature: John J. Rutherford TITLE: Administrative Supervisor DATE: April 27, 1981

APPROVED BY: _____ TITLE: _____ DATE: _____
 FULL NAME OF APPROVAL, IF ANY: _____