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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-102
Supersedes C-101
C-102 and C-103
Effective 1-1-65

3. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil or Gas Lease No. E-229
7. Unit Agreement Name
8. Name of Lessee (Name) State
9. Well No. 22
10. Field and Pool, or Wildcat Wilson
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Shut In Gas Well	
2. Name of Operator Wilson Oil Company	
3. Address of Operator P. O. Box 457, Artesia, New Mexico	
4. Location of Well INTENTION K 1050 FEET FROM THE South LINE AND 2310 FEET FROM West LINE, SECTION 23 TOWNSHIP 21 RANGE 34 N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.) 3630 RF	

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"/>	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"/>
REPAIR OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER Shut In <input checked="" type="checkbox"/>	

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 subject well has been hydrofraced with a result of increase in production as has been previously discussed, the plans are that the gas from this well will be used for gas lift purposes as soon as market is available.

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

SIGNED M. K. Lark TITLE Vice President DATE March 4, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: