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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. B11610
7. Unit Agreement Name
8. Farm or Lease Name Wilson State
9. Well No. 26
10. Field and Pool, or Wildcat Wilson-Y-7R
12. County Lea

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"/>
2. Name of Operator Wilson Oil Company
3. Address of Operator Box 457 Artesia NM 88210
4. Location of Well UNIT LETTER D 990 FEET FROM THE South LINE AND 1650' FEET FROM THE East LINE, SECTION 23 TOWNSHIP 21 RANGE 34 NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3669' Gr

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

old Total depth 3774'

Due to increase in water production and decrease in oil production, Permission is requested to deepen subject well. Deepening Not to exceed 4000'. Permission also requested to acidize New zone with not more than 3000 gals acid.

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

SIGNED **M. R. Lamb** TITLE **Vice President** DATE **1-31-69**
APPROVED BY **[Signature]** TITLE **[Signature]** DATE **1-31-69**
CONDITIONS OF APPROVAL, IF ANY:

