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NEW MEXICO OIL CONSERVATION COMMISSION

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

14. Indicate type of Lease	State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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5. State Oil & Gas Lease No.
B-10792

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Shut In Gas Well		7. Unit Agreement Name
2. Name of Operator Wilson Oil Company		8. Name of Lessee Name State
3. Address of Operator P. O. Box 457, Artesia, New Mexico		9. Well No. 30
4. Location of Well Section K 1650 FEET FROM THE South LINE AND 1650 FEET FROM West LINE, SECTION 24 TOWNSHIP 21 RANGE W 34 NMPM.		10. Field and Pool, or Wildcat Wilson
15. Elevation (Show whether DF, RT, GR, etc.) 3639 IF		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 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 JOB <input type="checkbox"/>	
		OTHER Shut In <input checked="" type="checkbox"/>	

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 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 *W. K. Lamm* TITLE Vice President DATE March 4, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: