| NO OF COPIES RECEIVED | | i'orm C-103 |
|--|---|--|
| DISTRIBUTION | | Supersedes Old |
| DONATA FE | NEW MEXICO OIL CONSERVATION COMMISSION | C-102 and C-103 Effective 1-1-65 |
| FILE | | 1.05 |
| U.S.G.S. | | 5a. 1 icate Type of Lease |
| LAND OFFICE | | State Fee XX |
| OPERATOR | | 5. State Oil & Gas Lease No. |
| CLAN | Y NOTATION OF THE PROPERTY OF | |
| SUNDRY NOTICES ART PEPORTS ON WELLS (DO NOT USE THIS FORM FOR P. OCHARS TO DRILL BY TO PEPORN OR PLUG BACK TO A DIFFERENT RESERVOIR. 1. | | |
| OIL A GAS WELL | OTHER- | 7, Unit Agreement Name |
| 2. None of Cherator Amerada Hess Corporation | | 8. Farm or Lease Name II Houston |
| 3. Address of operator Drawer "D", Monument, New Mexico 88265 | | 9. Well No. , 4 |
| 4. Location of Well UNIT LETTERG | 1980 FEET FROM THE North LINE AND 1980 FEET FR | 10. Field and Pool, or Wildcat Eunice-Monument (G-SA) |
| | TION 7 TOWNSHIP 21-5 RANGE 36-E NME | |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County Lea |
| Check | | Other Data NT REPORT OF: |
| TEMPORARILY ABANDON PULL OR ALTER CASING | PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JQB | ALTERING CASING PLUG AND ABANDONMENT |
| OTHER | OTHER | |
| 17. Describe Proposed or Completed | Operations (Clearly state all pertinent details, and give pertinent dates, includi | |
| Ferforated 3698', 3700 Acidized per Ran tubing 3666' to 37 one (1) sac Ran product | g from 2290' to 3790'. Set CIBP at 3790' with 1 6-5/8" casing with 2 shots at: 3666', 3669', 368', 3714', 3721', 3727', 3740', 3743', 3752', 378' erfs. 3666' to 3756' with 2500 gals. 15% NE acid & swab tested. Set E-Z bridge plug at 3707' ar 701'. Set CIBP at 3686' and swab tested perfs. Ex cement on bridge plug. Top of cement at 3677 tion equipment. Started pumping. -75: 24 hrs. Pumped 70 BO & 150 BW G.V. 35 MCFF | 583', 3692', 3695', 756'. Total 28 holes. I using ball sealers. Ind swab tested perfs. 3666' to 3669'. Dumped 7'. Swab tested. |
| Well reclas | ssified from T.A. to pumping oil well. | |
| | | 156 |
| 8. I hereby certify that the information | on above is true and complete to the best of my knowledge and belief. | |
| IGNED MICHAEL | Supver., Admin. Services | 6-11-75 |
| | | |

CONDITIONS OF APPROVAL, IF ANY: