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TRIBUTION	
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F_E	
U.S.G.S.	
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 ☐   Fee ☒

5. State Oil & Gas Lease No.

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 ☐   GAS WELL ☒   OTHER-

7. Unit Agreement Name

2. Name of Operator

Earl R. Bruno

8. Farm or Lease Name

C. W. Marshall

3. Address of Operator

P. O. Box 5456, Midland, Texas 79701

9. Well No.

1

4. Location of Well

UNIT LETTER __P__, __330__ FEET FROM THE __S__ LINE AND __990__ FEET FROM

THE __E__ LINE, SECTION __11__ TOWNSHIP __21S__ RANGE __36E__ NMPM.

10. Field and Pool, or Wildcat

Eunice Monument

15. Elevation *(Show whether DF, RT, GR, etc.)*

3484 DF

12. County

Lea

16.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐
OTHER _____ ☐			

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.

Set cast iron cement retainer at 3862', squeezed perforations 3884-3947' w/50 sks. Final squeeze pressure 500 PSI. Perforated 1 shot/ft. from 3620-3826' w/19 shots. Ran 2" tubing to 3614' and acidized perfs. w/1000 gals regular acid.

Swabbed 100 BLW and 20 BAW. Will continue to swab test well.

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

SIGNED _Earl R. Bruno_   TITLE __Owner__   DATE __9/14/76__

Orig. Signed by
Jerry Sexton
Dist. 1, Supv.

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

COPIES RECEIVED		
TRIBUTION		
FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State ☐   Fee ☒

5. State Oil & Gas Lease No.

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 ☐   GAS WELL ☒   OTHER-

7. Unit Agreement Name

2. Name of Operator

Earl R. Bruno

8. Farm or Lease Name

Marshall

3. Address of Operator

P. O. Box 5456, Midland, Texas 79701

9. Well No.

1

4. Location of Well

UNIT LETTER __P__, __330__ FEET FROM THE __S.__ LINE AND __990__ FEET FROM

THE __E__ LINE, SECTION __11__ TOWNSHIP __21S__ RANGE __36E__ NMPM.

10. Field and Pool, or Wildcat

Eunice Monument

15. Elevation (Show whether DF, RT, GR, etc.)

3584 DF

12. County

Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER _____

PLUG AND ABANDON ☐
CHANGE PLANS ☐
☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Well has been carried as TA ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Recomplete well in Grayburg
1. Set cement retainer at 3850' and squeeze perfs 3884-3947' w/50 sks.
2. Rerf 3765-80', 3794-3827'
3. Run 2" tubing to 3760' and swab test well.
4. Acidize perfs 3765-3827' if necessary.

Expires 10/1/76

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

SIGNED _Earl R. Bruno_   TITLE Owner   DATE 6/15/76

APPROVED BY _Orig. Signed by Jerry Sexton_   TITLE _____   DATE JUN 1976

CONDITIONS OF APPROVAL, IF ANY: