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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <i>C.E. LONG</i>	8. Farm or Lease Name <i>Rector</i>
3. Address of Operator <i>Box 1943, Midland, Tex. 79701</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>H</i> <i>1980</i> FEET FROM THE <i>NORTH</i> LINE AND <i>660</i> FEET FROM THE <i>EAST</i> LINE, SECTION <i>31</i> TOWNSHIP <i>21-S</i> RANGE <i>36-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Eumonte</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3633' Ground</i>	12. County <i>LEA</i>

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

PERFORM REMEDIAL WORK <input 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 <i>Re-perf. & fracture-treat</i> <input checked="" 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 JOB <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.

Plan to re-perforate between 3470' & 3265', then fracture-treat in two stages using rock-salt & benzoic acid flakes as blocking agent between stages.

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

SIGNED *C.E. Long* TITLE *Owner-operator* DATE *10/3/75*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: