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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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | | 7. Unit Agreement Name Owen |
| 2. Name of Operator MORANCO | | 8. Farm or Lease Name Owen |
| 3. Address of Operator P. O. Box 1860, Hobbs, New Mexico 88240 | | 9. Well No. 2 |
| 4. Location of Well UNIT LETTER D , 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 21S RANGE 37E NMPM. | | 10. Field and Pool, or Wildcat Drinkard |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3442 DF | | 12. County Lea |

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 <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|--|---|
| REMEDIAL WORK <input checked="" 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.

Acidized Drinkard Zone . (6510-6538) with 1000 gal. of 15% HCl AIR. 1.5 bbls/min maximum pressure. 100 PSI minimum pressure vacuum. Swabbed back load well started flowing. Returned well to production.

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

SIGNED Kal Myer TITLE Agent DATE 9-24-74

APPROVED BY Joe D. Ramey TITLE Dist. 1, Supv. DATE SEP 24 1974

CONDITIONS OF APPROVAL, IF ANY: