

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. 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 - I" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
Name of Operator	8. Farm or Lease Name
Sohio Petroleum Company	Hardy
Address of Operator	9. Well No.
10 Desta Dr. Suite 600 West Midland, Texas 79705	2
Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER N 990 FEET FROM THE South LINE AND 2310 FEET FROM	Penrose Skelly Grayburg
THE West LINE, SECTION 17 TOWNSHIP 21S RANGE 37E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3493' KB	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 checked="" 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

12. 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.

- 4-22-87 Acidized the Grayburg formation (3704' - 3798' MDBKB) with 1000 gal. of 15% NEFE HCl down the tubing-casing annulus. Flushed to the perms with 2% KCl.
- 4-27-87 Scale Squeezed with 20 BBL 2% KCl containing 2 drums of scale inhibitor. Overflushed with 2% KCl.

PRODUCTION SUMMARY

Pre-Acid			Post-Acid		
BOPD	BWPD	MCFD	BOPD	BWPD	MCFD
1	2	54	7	30	145

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

SIGNED Jerry Sexton TITLE Dist. Prod. Engineer DATE 5-19-87

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 28 1987

CONDITIONS OF APPROVAL, IF ANY:

