

RECEIVED	
DISTRIBUTION	
OFFICE	
REPORTOR	

# NEW MEXICO OIL CONSERVATION COMMISSION C. C.

MAY 27 10 30 AM '69

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>D-1167</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>Stato JC</b>
9. Well No. <b>2</b>
10. Field and Pool, or Wildcat <b>Langlio Mattix</b>
12. County <b>Log</b>

## SUNDY 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.)

OIL WELL ☒ GAS WELL ☐ OTHER- ☐

Name of Operator

**John H. Mondrix**

Address of Operator

**316 Central Bldg., Midland, Texas 79701**

Location of Well

UNIT LETTER **J** **1650** FEET FROM THE **Last** LINE AND **2310** FEET FROM

THE **South** LINE, SECTION **2** TOWNSHIP **23S** RANGE **36E** NMPM.

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

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 ☐

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.

### PROPOSED REMEDIAL WORK. SUBSEQUENT REPORT OF

- On 4/16/69 pulled rods and tubing and perforated 3632, 3634, 3623, 3625, 3602, 3600, 3598, 3597, 3581, 3579, 3577, 3576, 3575, 3574.
- On 4/17/69 Acidized with 2000 gallons 15% LSTNo. Well snabbed dry.
- On 5/7/69 frac w/ 20,000 gallons water & 30,000# 20-40 mesh sand down casing. Average injection rate of 30 BPM at 1500 PSI treating pressures. Pulled Retractable Bridge Plug and re-run tubing.
- On 5/9/69 tested 24 hours flowing 5 BOPD, OBWPD with 420 ACPGPD through 20/64" Choke. FTP 120# OF 250#.

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

SIGNED

TITLE **Owner-Operator**

DATE **5/26/69**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: