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LAND OFFICE	
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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-934	

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 Wolfson Oil Company		8. Name of Lease Name W.M. State "AA" / 11
3. Address of Operator 3206 Republic National Bank Tower Dallas, Texas		9. Well No. 4
4. Location of Well UNIT LETTER B , 660 FEET FROM THE North LINE AND 1855 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 23S RANGE 36E NMPM.		10. Field and Pool, or Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3389 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 <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <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.

Perforate Upper Queen from 3314-3620 with 15 holes. Acidized with 2000 gallons 15 % acid. Fractured with 20,000 gal. gelled brine water and 30,000# sand. Well flowed 5 oil no water after workover.

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

SIGNED J. G. Freedman TITLE Prod. Engr. DATE 8-11-70

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: