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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		5. State Oil & Gas Lease No.
2. Name of Operator Anadarko Production Company		7. Unit Agreement Name
3. Address of Operator P. O. Box 806 Eunice, New Mexico 88231		8. Farm or Lease Name R. L. Brunson
4. Location of Well UNIT LETTER I , 1650 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 22S RANGE 37E NMPM.		9. Well No. 2
10. Field and Pool, or Wildcat Penrose-Skelly		
15. Elevation (Show whether DF, RT, GR, etc.) 3440 GR		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 checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

1. RUPU Pull rods and tubing.
2. Set Bridge Plug @ 3740'
3. Perforate w/1 JSPF @ 3668-72, 3684-92' & 3718-26'.
4. Fracture treat formation w/60,000 gals. 9# gelled brine & 90,000# sand.
5. Put well back on pump.
6. RDPFU.

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

SIGNED *Herb Anderson* TITLE Area Supervisor DATE 10-7-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: