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U.S.G.S.

LAND OFFICE

OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

5a. 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 TO DRILL" (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
2. Name of Operator Anadarko Production Company		8. Farm or Lease Name Lou Wortham
3. Address of Operator P. O. Box 806, Eunice, New Mexico 88231		9. Well No. 1
4. Location of Well UNIT LETTER <u>D</u> <u>330'</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>North</u> LINE, SECTION <u>11</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Penrose-Skelly
15. Elevation (Show whether DF, RT, GR, etc.)		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"/>	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 OPER. <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"/>	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.

1. RUPU pull rods and tubing.
2. Clean out to TD 3726'.
3. Fracture treat w/90,000 gals. 9# gelled brine 54,000# 20/40 sand 54,000# 10/20 sand 5000# rock salt 2900# benzoic acid.
4. Run tubing and rods and put well to pumping.
2338 BLWTR.

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

SIGNED

TITLE

Area Supervisor

DATE

5-22-75

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: