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

Form C-103

DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease State Fee
LAND OFFICE		
OPERATOR		5. State Oil & Gas Lease No.
		mmmmm.
SUNDR	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. SON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL	OTHER-	Finishe want Vnit
2. Name of Operator		8. Farm or Lease Name
Anararky Production		Proce No. 2.
3. Address of Operator		9. Well No.
P. C. Pot 177, Hold	e, N 33230	
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTERX	1350 FEET FROM THE SAME LINE AND FEET FR	OM LOW The Parties
UNIT LETTER,	E STATE OF THE STA	
Live of the court	ON 20 TOWNSHIP 22 RANGE NME	\mathbb{P}^{W}
THE CINE SECTION		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	N. 2.	100 (1111111111111111111111111111111111
16. Check	Appropriate Box To Indicate Nature of Notice, Report or G	Other Data
		NT REPORT OF:
NOTICE OF I		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
PULL OF ACIEN CASING		

- 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. Rigged up well servicing unit and pulled rolled and tabing.
 - Run 3670' of 45' frac tubing with packer at 3352'. 2.
 - Fracture treated using 60,000 gallons of gelled trine with 110,000% 3. sand in four equal stages separated by 6,000% of rock salt. Max. pressure 2850, min. pressure 2350, average injection rate 34 BPM. ISUP 1750件。
 - Pulled frac tubing and rerun production tubing and rods. 4.
 - Placed well back on production.

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10 Viscolar spatification the information above is true and complet	te to the best of my knowledge and belief.	
18. I hereby certify that the information above is true and complet	te to the best of my knowledge and belief.	
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18. I hereby certify that the information above is true and complete		2
18. I hereby certify that the information above is true and complet		5ATE 3-26-70
18. I hereby certify that the information above is true and complet	te to the best of my knowledge and belief.	DATE 3-26-70
		DATE 3-26-70
		DATE 3-26-70
	THE District Superintendent	DATE 3-26-70
SIGNED TO THE STATE OF THE STAT	THE District Superintendent	DATE
	THE District Superintendent	
APPROVED BY	THE District Superintendent	
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