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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 -" (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. Farm or Lease Name Matkins
3. Address of Operator 3206 Republic Bank Tower Dallas, Texas		9. Well No. 2 1
4. Location of Well UNIT LETTER J 1980 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 15 TOWNSHIP 23S RANGE 36E NMPM.		10. Field and Pool, or Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3375 GR		12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Moved in reverse circulating unit. Deepened well from 3675 to 3692 feet.
Acidized well with 500 gallons of 15% acid through tubing from 3675-92.
Frac'd with 20,000 gals. gelled water and 20,000# sand down casing using
55 rubber balls.

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

SIGNED *[Signature]* TITLE Prod. Engr. DATE 2-26-69

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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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. Farm or Lease Name Watkins
3. Address of Operator 3206 Republic Bank Tower Dallas, Texas	9. Well No. 1
4. Location of Well UNIT LETTER J 1980 FEET FROM THE East 1980 LINE AND 1980 FEET FROM THE South LINE, SECTION 15 TOWNSHIP 23S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3375 GR	12. County Lee

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NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <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.

Propose to deepen well utilizing reverse circulating unit approximately twenty feet to a total depth of 3695.
Propose to acidize and frac open hole section with 500 gallons acid and 20,000 gallons of water and 40,000 pounds of sand through 2" tubing.

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

SIGNED *W. L. Freedman* TITLE Prod. Engr. DATE 2-17-69

APPROVED BY *John W. Runyan* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: