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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

JAN 11 39 AM '67

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.	
7. Unit Agreement Name Red Hills Unit	
8. Farm or Lease Name Red Hills Unit	
9. Well No. 2	
10. Field and Pool, or Wildcat Red Hills (Penn.)	
12. County Lea	

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Union Oil Company of California 3. Address of Operator P. O. Box 671 - Midland, Texas 79701 4. Location of Well UNIT LETTER B 990 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 26 S RANGE 33 E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3376.84 GL	16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/> SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Testing <input checked="" type="checkbox"/>
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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.

Acidized fish out of tubing with 1500 gallons Regular 15% acid with NE and LST additives. Acidized Penn. perforations 14,370' to 14,326' with 32,000 gallons HFA retarded acid with 9,500 psi maximum pressure. Started testing into El Paso Natural Gas Company pipeline at 12:30 P.M., January 3, 1967. Flowing at rate of 1632 MCFD, 32/64 choke, FTP 750 psi.

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

SIGNED *J. F. Wilkerson* TITLE District Chief Clerk DATE January 10, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: