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LAND OFFICE	
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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		8. Farm or Lease Name	
3. Address of Operator		9. Well No.	
4. Location of Well		10. Field and Pool, or Wildcat	
15. Elevation (Show whether DF, RT, GR, etc.)		12. County	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		17. Describe Proposed or Completed Operations	

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.

Pull production equipment. Clean out from 3508' to 3574'. Deepen from 3574' to 3610'. Run GR-N log. Acidize new hole with 500 gals. 15% acid. Resume production.

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

SIGNED W. H. Lunde TITLE Asst. Dist. Supt. DATE 8-27-68

APPROVED BY John W. Runyan TITLE Asst. Dist. Supt. DATE 8-27-68

CONDITIONS OF APPROVAL, IF ANY: