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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 1-1-65

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		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
UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM		<u>Langlie Mattix</u>
THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
<u>3211' DF</u>		<u>Lea</u>

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER Drilled deeper ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

Pulled production equipment. Cleaned out & deepened from 3564' to 3645'. Ran GR-N log. Acidized w/500 gals. 15% NE acid. Ran Production equipment and resumed production. No change in producing status.

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

SIGNED <u>[Signature]</u>	TITLE <u>District Superintendent</u>	DATE <u>11-6-68</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT 4</u>	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		