

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEPTH, OR PLUG CASK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - 11 (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Dallas McCasland	8. Farm or Lease Name Little Woolworth
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240	9. Well No. 3
4. Location of Well UNIT LATER M 990 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 28 TOWNSHIP 24S RANGE 37E N.M.P.M.	10. Field and Pool, or Wildcat Jalmat
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input 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"/>	

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.

It is proposed to acidize with 500 gallons
15% regular acid, swab load and return to production.

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

SIGNED <u><i>Glenn Hobbs</i></u>	TITLE <u>Agent</u>	DATE <u>9/4/81</u>
APPROVED BY <u><i>[Signature]</i></u>	TITLE <u></u>	DATE <u>SEP 8 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		