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NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE	NE ¹	ATION COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65			
U.S.G.S. LAND OFFICE OPERATOR				5a. Indicate Type of Lease State Fee X 5. State Oil & Gas Lease No.		
		AND REPORTS ON WEI				
(DO NOT USE THIS FORM I USE "AF	OTHER-	AND REPORTS ON WEL OR TO DEEPEN OR PLUG BACK T (FORM C-101) FOR SUCH PRO Re-entry	O A DIFFERENT RESERVOIR.)Posals.)	7. Unit Agreement Name		
2. Name of Operator Reserve Oil and C	Gas Company			8. Farm or Lease Name Lanehart		
3. Address of Operator 201 First Savings	Building, Mie	lland, Texas 7970	01	9. Well No. No. 2		
4. Location of Well G	1950	FROM THE L	1980	10. Field and Pool, or Wildcat Langlie Mattix		
			37-E			
	15. E	levation (Show whether DF, 1 3027 GL	RT, GR, etc.)	12. County Lea		
	eck Appropriate) OF INTENTION TO		re of Notice, Report o SUBSEQI	r Other Data JENT REPORT OF:		
PERFORM REMEDIAL WORK		CHANGE PLANS	MEDIAL WORK MMENCE DRILLING OPNS. Sing test and cement JQB	ALTERING CASING		
OTHER			OTHER	L_J		
17. Describe Proposed or Comple work) SEE RULE 1 f03.	eted Operations (Clearl	y state all pertinent details, a	and give pertinent dates, incl	luding estimated date of starting any proposed		

The following operations have been performed on this re-entry project:

- 8-14-74 Dug out cellar, cut off cap on 9 5/8" casing, nipple up, install $10^{11} \times 900$ flange.
- 8-15-74 Drill out 15' cement in top of 9 5/8" casing with rat hole rig.
- 8-19-74 Rig up pulling unit. Ran 8 3/4" bit and 2 7/8" tubing to 2800 feet, tagged very heavy mud, drill and circulate clean to 3000'.
- Clean out to 3500', pressure 9 5/8" casing to 1500 psi, held o.k. for 8-20-74 45 minutes. Pulled bit and tubing.
- 8-21-74 Ran GR/N log. Perf 9 5/8" casing one shot per foot 3094-3154'.

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

SIGNED SIGNED Ph.	·	District Manager		8-22-74			
APPROVED BY	Orig. Signed E Joe D. Rame	*,		DATE AL	JG 2 6 1974		
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CONDITIONS OF APPROVAL, IF ANY: