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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 ☒	Fee ☐
5. State Oil & Gas Lease No.	
NM 800-R	

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 ☒ GAS WELL ☐ OTHER ☐		7. Unit Agreement Name
2. Name of Operator		8. Firm or Lease Name
3. Address of Operator		9. Well No.
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER F FEET FROM THE North LINE AND 16 FEET FROM		11. Peris Tubb-Drinkard
THE West LINE, SECTION 12 TOWNSHIP 25-S RANGE 37 NMPM.		12. County
15. Elevation (Show whether DF, RT, GR, etc.)		13. See

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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
COMPLETION ☒

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.

1. MIRU, installed BOP. Ran GR/Collar log 4700 - 6262'
2. Peris Tubb Drinkard w/1 .41" DP JS @ 5796-59-5804-07-10-13-35-36-51-59-70-77-79-85-86-5923-24-42-47-6050-51-81-85-6107-09-11-18-21-28-32-39-43-45-53-63-64' (37 holes)
3. Ran treating packer to 5722'. Spot 650 gal 15% NE acid across peris.
4. Frac in 4 stages w/80,000 gal 9# brine plus 80,000 20/40 sand.
5. POH w/tubing & packer. Ran 203 jts. 2-3/8" tubing @ 6112'; Baker Lock-Set packer @ 5717'. Swab to flow.

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

Original Signed By
Claude Aubert, Jr.

SIGNED _____

TITLE **Area Superintendent**

DATE **5-4-73**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: