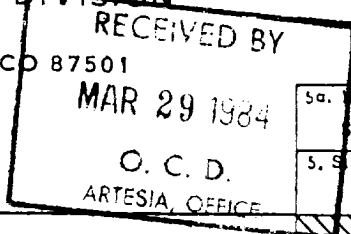


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	State ☒ Fee ☐
5. State Oil & Gas Lease No.	B 11662

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 CPU
2. Name of Operator J.E.M. Resources, Inc. ✓	8. Farm or Lease Name Cave Pool Unit
3. Address of Operator P.O. Box 2938 Ruidoso, N.M. 88345	9. Well No. 61
4. Location of Well UNIT LETTER M, 330 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 17S RANGE 29E N.M.P.M.	10. Field and Pool, or Wildcat Cave GB/SA
15. Elevation (Show whether DF, RT, GR, etc.) 3588 GR.	12. County EDDY

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	OTHER CSNG test Perf + Frac ☒

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.

- 2-20-84 Rig up completion unit run CCL/CBL Pressure test csng to 1000 # held 30 min. Perf-2476-2485 w/20 .42 cal shots.
- 2-21-84 Acid 2476-2485 w/4000 gal 15% HCL inj 3.5 BPM @ 3225 PSI
- 2-22-84 Frac 2476-2485 w/40,000 gal gel kcl wtr + 70,750# 20/40 sd inj 27.8 BPM @3020 PSO ISDP 1900# 15 min 1700#
- 2-23-84 Swab well back
- 3-2-84 Intall Pumping unit
- 3-3-84 Pumping well making approx. 1 BO gas TSTM 15 BW.

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

SIGNED _____ TITLE Geologist DATE 3-20-84
Original Signed by
Leslie A. Clements
APPROVED BY _____ TITLE Supervisor District II DATE MAR 29 1984