

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Perma Energy Management Corporation		8. Farm or Lease Name Kaiser
3. Address of Operator 2200 NW 50th, Suite 200, Oklahoma City, OK 73112		9. Well No. Edson #1
4. Location of Well UNIT LETTER <u>P</u> <u>120</u> FEET FROM THE <u>EAST</u> LINE AND <u>583</u> FEET FROM <u>SOUTH</u> LINE, SECTION <u>13</u> TOWNSHIP <u>29N</u> RANGE <u>21E</u> NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 6777' GR		12. County Colfax

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"/>	OTHER <u>PRODUCTION TEST</u> <input checked="" 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.

Date first production - 12/10/84. Production Method: Swab. Well Status: SI

Date of Test - 12/12/84. Hours: 9. Choke: 2". FTP 0 (swab). CP 0.

Production Test Period: 0 BO + 50 MCF (est.) + 14 BW

Cal. 24 hour rate: 0 BOPD + 50 MCF (est.) + 37 BWP.

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

SIGNED Edson J. M. S. See TITLE Drlg./Prod. Engineer DATE 7-10-85  
Roy E. Johnson  
APPROVED BY \_\_\_\_\_ TITLE DISTRICT SUPERVISOR DATE 7-26-85