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LAND OFFICE		
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NEW MEXICO OIL COMMISSION

RECEIVED

JUN 28 1976

O. C. C.

ARTESIA, OFFICE

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.
E 134

7. Unit Agreement Unit
Cave Pool Unit

8. Form of Lease Name
Cave Pool

9. Well No.
20

10. Field and Pool, or Wildcat
Cave

12. County
Eddy

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR RE-ENTER OR RE-LEASE A DIFFERENT RESERVOIR.
(SEE APPLICATION FOR PERMIT TO DRILL OR RE-ENTER FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER **Injection**

2. Name of Operator
JEM Resources Inc.

3. Address of Operator
Box 648 Artesia, N. Mex. 88210

4. Location of Well
UNIT LETTER **L** **1980** FEET FROM THE **S** LINE AND **660** FEET FROM
THE **W** LINE, SECTION **4** TOWNSHIP **17** RANGE **29** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3594 Gr

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING CPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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 1703.

8 5/8 set at 328 & Circulated. 7 set at 2354 & cemented with 200 sacks.
T.S. shows top of cement at 930. Open hole from 2354 - 2391. Base
of salt 648.
Will set 30 sacks at 2300 & shoot pipe at 930 & set 35 sack stub plug.
Set 35 sacks at 700 - 600. 35 sacks 375 - 275 & 10 sacks & Marker at top.
Hole will be loaded with mud laden fluid. Cement will be Portland type 2.

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

SIGNED *[Signature]* TITLE **President** DATE **6-24-76**

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: