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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-103 and C-103
Effective 1-1-79

RECEIVED

1. Date Type (1/1/79)	2. Fee
3. State (N.M.)	4. Sub (100)
B-3627	

SUNDRY NOTICES AND REPORTS ON WELLS

APR 26 1979

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. Type of Well <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER	2. Unit Agreement Name
3. Name of Operator Kennedy Oil Co., Inc.	4. Name of Lease Name State "B"
5. Address of Operator Box 151 Artesia, N.M. 88210	6. Well No. 2
7. Location of Well UNIT LETTER M, 539 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 19 TOWNSHIP 17S RANGE 31E AMPM.	8. Field No., Loc., or Well No. Grayburg Jackson
9. Elevation (Show whether DE, RT, GR, etc.) 3606 DF	10. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/> Casing Leak Survey

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING PLANS	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent data including well no., work) SEE RULE 1103.

18. Proposed

The above well is valved in and ready for scheduled inspection.

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

SIGNED Wick Shucas TITLE Clerk

4-25-79

APPROVED BY BLW Weaver TITLE OIL AND GAS INSPECTOR

MAY 15 1979

CONDITIONS OF APPROVAL, IF ANY: