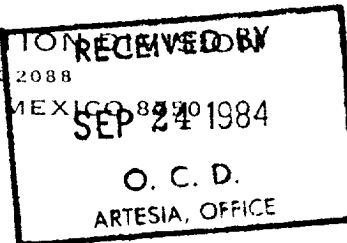


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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



Form C-103
Revised 10-1-78

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.)

OIL WELL ☒ GAS WELL ☐ OTHER- ☐

Name of Operator Ray Westall

Address of Operator P. O. Box 4 Loco Hills, New Mexico 88255

Location of Well
UNIT LETTER K 2310 FEET FROM THE South LINE AND 2310 FEET FROM
THE West LINE, SECTION 22 TOWNSHIP 17S RANGE 30E N.M.P.M.

5a. Indicate Type of Lease
State ☐ Fee ☐

5. State Oil & Gas Lease No.
LC-20020

7. Unit Agreement Name

8. Farm or Lease Name
Dexter Federal

9. Well No.
2

10. Field and Pool, or Whdcat
Jackson Abo

12. County
Eddy

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

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 JOBS <input type="checkbox"/>	

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.

I plan to recomplete in a more shallow zone. I'm waiting on the AFE's to be returned.

For Record Only

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

SIGNED Ray Westall TITLE Operator DATE 9-21-84

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: