

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED BY
SEP 24 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☐
5. State Oil & Gas Lease No.
LC-29020

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 J 2310 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 17S RANGE 30E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name Dexter Federal
9. Well No. 1
10. Field and Pool, or Wildcat Jackson Abo
12. County Eddy

15. Elevation (Show whether DF, RT, GR, etc.)
3688' KB

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

Handwritten signature/initials

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: