

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

IL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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MAR 29 1984

O. C. D.

a. Indicate Type of Lease	
State ☒	Fee ☐
b. State Oil & Gas Lease No.	
B 11662	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH OR FOR USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-		7. Unit Agreement Name CPU
2. Name of Operator J.E.M. Resources Inc. ✓		8. Farm or Lease Name Cave Pool Unit
3. Address of Operator P.O. Box 2938 Ruidoso N.M. 88345		9. Well No. 60
4. Location of Well UNIT LETTER 0, 330 FEET FROM THE South LINE AND 2310 FEET FROM East THE LINE, SECTION 4 TOWNSHIP 17S RANGE 29E N.M.P.M.		10. Field and Pool, or Wildcat Cave GB/SA
15. Elevation (Show whether DF, RT, GR, etc.) 3576 GR/		12. County Eddy

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 OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER CSNG Pressure test + Perf ☒

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.

- 2-13-84 Rig up pulling unit run CCL/CBL, pressure test csng to 1000# held 30 min. Perf 2492-2530 w/22 .42 cal shots.
- 2-14-84 Acid 2492-2530 w/4000 gal 15% HCLinj 5.0 BPM @ 3000 PSI.
- 2-15-84 Frac 2492-2530 w/40,000 gal gel KCL wtr 70,000# 20/40 sd inj 39 BPM @2400 PSI. ISDP 1950 15 min 1600.
- 2-16-84 Swab well
- 2-30-84 Install pumping unit
- 3-2-84 Pumping well making tr oil w/tr gas + 20 BWPD

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

SIGNED _____	TITLE Geologist	DATE 3-20-84
Original Signed By Leslie A. Clements		
APPROVED BY _____	TITLE Supervisor District II	DATE MAR 29 1984
CONDITIONS OF APPROVAL, IF ANY:		