NO. OF COPIES RECEIVED	3	
DISTRIBUTION		
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	1	

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

OCT 14 1977

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 [X] Fee [ ]

5. State Oil & Gas Lease No.: B-3517

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.)

1. OIL WELL [ ] GAS WELL [ ] OTHER- WATER DISPOSAL WELL

7. Unit Agreement Name:

2. Name of Operator: A. E. RAINS

8. Farm or Lease Name: EXXON STATE

3. Address of Operator: BOX 927 CARLSBAD, N.M. 88220

9. Well No.: 1-S

4. Location of Well: UNIT LETTER O, 1268 FEET FROM THE SOUTH LINE AND 2032 FEET FROM THE EAST LINE, SECTION 15 TOWNSHIP 21 S RANGE 27 E NMPM.

10. Field and Pool, or Wildcat: MAYFLOWER - ATOKA

15. Elevation (Show whether DF, RT, GR, etc.): 3295'

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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER	

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.

DRILLED TO DEPTH OF 6940' TREATED WELL WITH 4000 GAL ACID. RUN 565' OF 2" UPSET PLASTIC LINE PIPE WITH PACKER. FILLED WELL WITH TREATED WAT. IN BETWEEN 2" UPSET AND THE 5½" CASING. WELL TAKING WATER UNDER VACUUM. 9-20-77

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

SIGNED A. E. Rains TITLE OPERATOR DATE 10-13-77

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE NOV 28 1977

CONDITIONS OF APPROVAL, IF ANY: