

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	Peters

5a. Indicate Type of Lease
State ☐ Fee ☐
5. State Oil & Gas Lease No. 1

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 ☐	7. Unit Agreement Name
2. Name of Operator Marion B. Edmonds & O. A. Peters	8. Farm or Lease Name Cain
3. Address of Operator 352² Mungall Dr. Apt. 4, Anaheim, California	9. Well No. 2
4. Location of Well UNIT LETTER J 1980 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 22 TOWNSHIP 15 N. RANGE 33 E. NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DE, RT, GR, etc.) 4140	12. County Harding

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☒
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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.

Set surface casing on 7-27-1968 and cemented
the same day, used 75 sacks of cement to fill
the annular space behind casing circulated out
the top a round out side casing and left 20 feet
in bottom of casing and left prusher on for 48
hours, befer commence drilling under casing
work done by Halliburton Co. from Liberal Kans.
I belive this work is done by rule 107 to the
best of my knolige.

'68 AUG 12 PM 1 01

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

copy sent 8-2-68

SIGNED D. R. Peters	TITLE Operator	DATE 8-9-1968
APPROVED BY J. E. Kapteina	TITLE Oil & Gas Inspector	DATE Aug 16, 1968
CONDITIONS OF APPROVAL, IF ANY:		