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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

DEC 2 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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	L-413

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REEPIR OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Rapid Company, Inc.
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240
4. Location of Well UNIT LETTER C 330 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 10S RANGE 27E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name Copelan State
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Chaves

15. Elevation (Show whether DF, RT, GR, etc.)
3742.6 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>	OTHER <input type="checkbox"/>

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 1703.

Work began 11/18/77. Rigged up and swabbed casing down. Recovered 10 bbls oil. Treated with 500 gallons 15% regular acid. Swabbed 180 bbls oil and 15 bbls water. Shut in waiting on pumping unit.

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

SIGNED <u>W. A. Gressett</u>	TITLE <u>Agent</u>	DATE <u>11/30/77</u>
APPROVED BY <u>W. A. Gressett</u>	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>DEC 5 1977</u>
CONDITIONS OF APPROVAL, IF ANY:		