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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

JAN 11 1979

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 ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDARY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR NOTICES TO OIL OR TO GAS PRODUCERS TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO PRODUCE OIL OR GAS FOR SUCH PURPOSES.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator PLANET, INC. ✓	8. Form of Lease Name Whittenburg "H"
3. Address of Operator P.O. BOX 31718, AMARILLO, TX 79120	9. Well No. 1
4. Location of Well UNIT LETTER P 330 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 10-S RANGE 29-E NMPM.	10. Field and Pool, or Wildcat Wildcat- San And
11. Elevation (Show whether DE, RT, GR, etc.) 3880 G.L.	12. County Chaves

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

PERFORM REMEDIAL WORK ☐	PLUS AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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.

11-7-78: Drilled 8-1/2" hole to 3023 feet Ran 3021 feet of 5-1/2", J-55, 14# casing set at 3021 feet. Cemented with 125 sxs. reg. W.O.C. 24 hrs. tested 1000# OK. Wellex perforated with 2 shots per foot 2985'-2995'. Acidized with 4000 gals. swabbed back acid water and some oil. Ran 2-3/8" tubing and rods. Set pump jack. Will test further.

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

SIGNED <u><i>W. B. McCay</i></u>	TITLE <u>Agent</u>	DATE <u>1-10-79</u>
APPROVED BY <u><i>W. A. Gressett</i></u>	TITLE <u>SUPERVISOR, DISTRICT V</u>	DATE <u>JAN 12 1979</u>
CONDITIONS OF APPROVAL, IF ANY:		