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NEW MEXICO OIL CONSERVATION COMMISSION

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AUG 21 1978

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDY NOTICES AND REPORTS ON WELLS

U.C.S.

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

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
Name of Operator Gains Radio Broadcasting Co.			5. State Oil & Gas Lease No.
Address of Operator 27 J.P. White Bldg, Roswell, N.M. 88201			7. Unit Agreement Name
Location of Well UNIT LETTER <u>330</u> FEET FROM THE <u>E</u> LINE AND <u>2310</u> FEET FROM THE <u>2</u> LINE, SECTION <u>9</u> TOWNSHIP <u>11S</u> RANGE <u>28# E</u> N.M.P.M.			8. Farm or Lease Name L.E. Ranch 9
15. Elevation (Show whether DF, RT, GR, etc.) 3730.79 GL			9. Well No. 5
			10. Field and Pool, or Wildcat E. Chisum, S.A.
			12. County Chaves

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <u>Set Surface casing</u>	

7. 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.

Sprudded 8-10-78

Set 516 ft. 8 5/8 new 20# casing. Used 175 sacks Class C cement, 2% CC.

Cement circulated, Plug down at 4:25 p.m. Let set 24 hours.

Returned C-103's for additional information 8-21-78

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

SIGNED [Signature] TITLE Secretary DATE 8-21-78

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: