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OPERATOR	3	

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

MAR 23 1979

O. C. C.
ARTESIA, OFFICE

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.: K 214

7. Unit Agreement Name:

8. Farm or Lease Name: L.E.Ranch 16

9. Well No.: 9

10. Field and Pool, or Wildcat: E.Chisum, S.A.

12. County: Chaves

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.)

OIL WELL [X] GAS WELL [ ] OTHER-

1. Name of Operator: Plains Radio Broadcasting Co. ✓

2. Address of Operator: 327 J P White Bldg. Roswell, N.M. 88201

4. Location of Well: UNIT LETTER K, 2200 FEET FROM THE S LINE AND 1650 FEET FROM THE W LINE, SECTION 16 TOWNSHIP 11S RANGE 28E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3676 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [X]	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.

Intend to set cement retainer at 2250 ft.; squeeze perforations from 2314 to 2324 ft. with 75 sacks cement.

Intend to perforate one ft. at:
2091, 2097, 2105, 2110, 2125, 2131, 2135, 2140, 2152, 2157, 2174, 2182, 2185, 2190 2194, 2199, 2202 and 2204 ft.

Will acidize with 5000 gallons 2% Acid and 50 Ball sealers.

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

SIGNED Gene Goad TITLE Secretary DATE 3-20-79

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE MAR 23 1979

CONDITIONS OF APPROVAL, IF ANY: