

OIL CONSERVATION DIV ON

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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LAND OFFICE	
OPERATOR	1

RECEIVED

NOV 29 1979

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH. VOID USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

O.C.C.

ARTESIA, OFFICE

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Ralph Nix	8. Farm or Lease Name Union Kerry
3. Address of Operator P.O. Box 617, Artesia, New Mexico 88210	9. Well No. 1
4. Location of Well UNIT LETTER H FEET FROM THE 2310 North LINE AND 990 FEET FROM East 1 TOWNSHIP 8-S RANGE 28-E N.M.P.M.	10. Field and Pool, or Wildcat Undesignated SA
15. Elevation (Show whether DF, RT, GR, etc.) 4025' GL	12. County Chaves

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
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.

11/26/79 Spudded at 11:00 a.m. Ran 7 joints of 8 5/8", 28#, casing. Set & Cemented at 236' with 156 sacks of Class C with 2% CaCl. Cement circulated to pit. Plug down at 5:30 p.m. (11-26-79) WOC 18 hrs. Tested casing to 800 psi, tested OK.

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

SIGNED William T. Mc...TITLE Operations ManagerDATE 11/28/79APPROVED BY W.A. GrantTITLE SUPERVISOR, DISTRICT IIDATE NOV 30 1979

CONDITIONS OF APPROVAL, IF ANY: