

IL CONSERVATION DIVISIO

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-79

RECEIVED

DEC 13 1979

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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

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

SUNDY NOTICES AND REPORTS ON WELLS **O. C. C.**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO AN EXISTING WELL. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Ralph Nix		8. Farm or Lease Name UNION HAPPY
3. Address of Operator P. O. Box 617, Artesia, New Mexico 88210		9. Well No. 2
4. Location of Well UNIT LETTER <u>J</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>1</u> TOWNSHIP <u>8-S</u> RANGE <u>28-E</u> N.M.P.M.		10. Field and Pool, or Wildcat Undesignated, SA
15. Elevation (Show whether DF, RT, GR, etc.) 4050' GR		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 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 checked="" 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 1103.

Spud at 8:30 a.m. (12/5/79). Ran 244' of 8 5/8" - X-42, 20# casing. Cemented with 150 sacks Class C with 2% CaCl. Cement circulated. Plug down at 4:30 p.m. WOC 18 hrs. Tested casing to 1000 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 J. Ma TITLE Operations Manager DATE 12/11/79  
APPROVED BY W. A. Gussett TITLE SUPERVISOR, DISTRICT II DATE DEC 14 1979  
CONDITIONS OF APPROVAL, IF ANY: