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LAND OFFICE	
OPERATOR	1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

DEC 9 1981

5a. Indicate Type of Lease  
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.  
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Ralph Nix

3. Address of Operator  
P.O. Box 617, Artesia, New Mexico 88210

4. Location of Well  
UNIT LETTER H, 1650' FEET FROM THE North LINE AND 330' FEET FROM THE East LINE, SECTION 12 TOWNSHIP 8S RANGE 28E NMPM.

7. Unit Agreement Name  
Seanna

8. Farm or Lease Name  
#2

9. Well No.  
Bull's Eye San Andres

10. Field and Pool, or Wildcat  
Chaves

11. Elevation (Show whether DF, RT, GR, etc.)  
4086' GL.

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 type="checkbox"/>	Updated Report <input checked="" 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.

11/09/81 Converted to pumping well.  
Ran 84 jts. 2 3/8" - 4.7# tubing with seating nipple, perforated nipple, 31' Mud Anchor with Bull Plug. Seating nipple at 2722' GL.  
Ran 108 Type 30 5/8" rods with 10' pump.

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

SIGNED Ralph Nix TITLE \_\_\_\_\_ DATE 12-8-81

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE DEC 10 1981

CONDITIONS OF APPROVAL, IF ANY: