

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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L CONSERVATION DIVISIO.

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

RECEIVED

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.)

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 - JOY
3. Address of Operator P. O. Box 617, Artesia, New Mexico 88210		9. Well No. 1
4. Location of Well UNIT LETTER <u>L</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>7-S</u> RANGE <u>29-E</u> NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4020' GR		12. County Chaves

16. 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 JOBS <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.

4/25/80 Spudded with rotary rig at 6:00 a.m.

5/1/80 Ran 106 joints of 9.5#, CW-55, 4½" casing. Set and cemented at 2950' with 250 sacks of 50/50 Poz with 2% gel, 8# salt, and 1/4# celloflake per sack, as per verbal agreement with Bill Gressett. Plugged down at 3:00 a.m. (5/2/80)

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

SIGNED W. A. Gressett TITLE Operations Manager DATE May 5, 1980

For Record Only

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT H DATE MAY 21 1980

CONDITIONS OF APPROVAL, IF ANY: