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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 24 1980

O. C. P.
ARTESIA, N.M.

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 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 Selco, Inc. ✓	8. Farm or Lease Name Moonlight 26
3. Address of Operator P. O. Box 798, Artesia, New Mexico 88210	9. Well No. #1
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 26 TOWNSHIP 7S RANGE 29E NMPM.	10. Field and Pool, or Wildcat Wildcat San Andres
15. Elevation (Show whether DF, RT, CR, etc.) 4087.0 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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
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.

October 21, 1980: Rig up and commence drilling operations.

October 22, 1980: Ran 380' of 8 5/8", 20# surface casing. Cemented with 240 sacks of Class "C" cement. WOC 18 hours. 500# pressure on BOP and casing.

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

SIGNED Rhonda Parrish

TITLE Secretary

DATE 10-23-80

For Record Only

APPROVED BY W. A. Dressitt

TITLE SUPERVISOR, DRILLING

DATE OCT 28 1980

CONDITIONS OF APPROVAL, IF ANY: