

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1-78

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U.S.G.S.	
LAND OFFICE	
OPERATOR	1

NOV 26 1980

O. C. D.

ARTESIA, NEW MEXICO

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Free <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. <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 Marilyn
3. Address of Operator P.O. Box 617, Artesia, New Mexico, 88210		9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>7-S</u> RANGE <u>28-E</u> N.M.P.M.		10. Field and Pool, or Wildcat Und. railroad mtn.
15. Elevation (Show whether DF, RT, GR, etc.) 3999 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 OPS. <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"/>	
		OTHER <u>Run tubing</u> <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.

11/20/80 Ran 77 joints of 2 3/8" tubing, 4.70# EUE. Ran 5/8" rods and set to pumping.

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

SIGNED William J. McCall TITLE Operations Manager DATE 11/25/80

APPROVED BY W. A. Grissett TITLE APPROVED DEPARTMENT DATE DEC 1 1980

CONDITIONS OF APPROVAL, IF ANY: