STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	
OIL CONSERVATION DIVISION	
DISTRIBUTION P. O. EOX 2088	Form C-103
SANTA FE, NEW MEXICO 87501	Revised 10-1-7
- 1 3 198	5a. Indicate Type of Lease
U.3.G.S.	State Fee X
LAND OFFICE	
OPERATOR CHEST	5, State OI: 6 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 X GAB OTHER-	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
RALPH NIX	MARILYN
	9. Well No.
3. Address of Operator	1
P.O. Box 617, Artesia, New Mexico, 88210	_
4. Location of Well UNIT LETTER M . 330 FEET FROM THE SOUTH LINE AND 330 FEET F	10. Field and Pool, or Wildcat Undesignated railroad mountain
UNIT LETTER , PEET PROM THE CINE AND PEET P	
THE West LINE, SECTION 35 TOWNSHIP 7-S RANGE 28-E NM	PM.
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3999 GL	Chaves
Check Appropriate Box To Indicate Nature of Notice, Report or	Other Data
••••	ENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CABING CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER Treating We	ell to remove
ormenprecipitate	ed salt
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, included	ling estimated date of starting any proposed
work) SEE RULE 1103.	•
1/6/81 Well shut in and treated to remove	<i>r</i> e
the precipitated salt from the we	
Using 4,000 gals. w/ 5% HCL w/add	
3,000 gals. treated 2% KCL.	

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

**TITLE Operations Manager DATE 1/12/81

APPROVED BY Manager PATE 1/12/81