

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-103
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

JAN 10 1983

O. C. D.

ARTESIA, OFFICE

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fed <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 Santa Rita Exploration, Corp. ✓	8. Farm or Lease Name Moonshine #18
3. Address of Operator P.O. Box 798, Artesia, New Mexico 88210	9. Well No. #4
4. Location of Well UNIT LETTER <u>D</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>9S</u> RANGE <u>29E</u> NMPM.	10. Field and Pool, or Whdcat Und, Twin Lakes-Sa Asso
15. Elevation (Show whether DF, RT, GR, etc.) 3974' GL	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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☒
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.

12-18-82

T.D. at 2742'

Recovered 59' of core anhydrite dolomite highly fractured and saturated with oil. Started logging.

Finished logging.

Ran 2742' of 5½" of 15.5# casing. Cemented with 600 sxs. of Class "C" neat and 200 sxs. of 50/50 poz mix; cemented to surface. Held fine at 1800# of pressure for 30 minutes.

woc 18 hrs.

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

SIGNED Leslie A. ClementsTITLE Production ClerkDATE 1-10-83

Original Signed By

Leslie A. Clements

APPROVED BY Supervisor District II

TITLE

DATE JAN 13 1983

CONDITIONS OF APPROVAL, IF ANY: