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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
JAN 10 1983
O. C. D.
ARTESIA, OFFICE

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
LG-978

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO CURE OR REPAIR OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO CURE OR REPAIR FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Name of Operator		
Julian Ard ✓		
Address of Operator		
P. O. Box 17360, Fort Worth, TX 76102		
Location of Well		
UNIT LETTER	C	330 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 8S RANGE 27E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)		
3975.8' GR		

7. Unit Agreement Name
8. Firm or Lease Name
Acme
9. Well No.
2
10. Field and Pool, or Wildcat
Wildcat-San Andres
12. County
Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
FORM 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"/>
WORK ON ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Spud Date

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.

12-29-82 Move Spudder in on location. Spud well at 2 pm 12/29.

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

CO <u>Nancy Holley</u>	TITLE <u>Production Agent</u>	DATE <u>1-6-83</u>
Original Signed By <u>Leslie A. Clements</u> Supervisor, District II	TITLE _____	DATE <u>JAN 11 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		