

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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 RHYMES DRILLING CO., INC. ✓	8. Farm or Lease Name O'BRIEN-DEMING "6"
3. Address of Operator P.O. Box 729 Roswell, NM 88201	9. Well No. #2
4. Location of Well UNIT LETTER <u>K</u> , <u>1650</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1650</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>6</u> TOWNSHIP <u>8 SOUTH</u> RANGE <u>29 EAST</u> NMPM.	10. Field and Pool, or Wildcat BULLEYE-SAN ANDRES
15. Elevation (Show whether DF, RT, GR, etc.) 4026.3	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 OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" 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.

04/28/83 Spud @3:00 P.M. - Drilled 11" Hole w/cable tools

05/02/83 Ran 129' of 8 5/8" 24# Casing - No Surface Water -
Cemented 8 5/8 Casing w/6 yards of 6 SX. 3% CaCl
to Surface, waiting on Rotary Rig.

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

SIGNED Leslie A. Clements TITLE Operations Manager DATE 05/03/83

APPROVED BY _____ TITLE Supervisor District II DATE MAY 09 1983

CONDITIONS OF APPROVAL, IF ANY: