

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 ☐ Fee ☒

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. Firm or Lease Name O'Brien- Deming "6"
3. Address of Operator P.O. Box 729 Roswell, NM 88201	9. Well No. #1
4. Location of Well UNIT LETTER L 1650 FEET FROM THE South LINE AND 660 FEET FROM West 6 LINE, SECTION 8 South TOWNSHIP 29E RANGE N.M.P.M.	10. Field and Pool, or Wildcat Bullseye - San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4027.7 GL	12. County Chavez

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 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"/>	OTHER <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.

05/13/83 Drilled to a total depth of 2722' (05/12/83)
Ran 2718' of 4-1/2" 11.60 casing. Cemented.
PBTD 2718
With 150 SX of Class "C" 50/50 Poz.
Plug down @ 10:40 p.m.
Pressure test @ 750 P.S.I. O.K.
W.O.C.
Will complete approx. 05/23/83

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 05/13/83
Original Signed By
Leslie A. Clements
APPROVED BY _____ TITLE Supervisor District II DATE MAY 18 1983

CONDITIONS OF APPROVAL, IF ANY: