

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
RECEIVED BY
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
OCT 18 1983
O. C. D.
ARTESIA, OFFICE

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. Farm or Lease Name O'Brien-Lightcap "7"
3. Address of Operator P.O. Box 729 Roswell, N.M. 88201	9. Well No. #2
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>8 South</u> RANGE <u>29 East</u> NMPM.	10. Field and Pool, or Wildcat Undesignated Bulleye SA
15. Elevation (Show whether DF, RT, GR, etc.) 4040.4 GR.	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 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.

10/09/83 Pull Rod & Tbg.
Perforate @ 2794, 94.5, 95, 96
Total 8 Holes 2 Spf.
Acidize W/ 600 Gals. 28 % NEFE

10/10/83 Put on Pump

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

SIGNED S. S. Rivera TITLE Operations Manager DATE 10/17/83

APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE OCT 18 1983
CONDITIONS OF APPROVAL, IF ANY: