

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
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 ☒  
5b. 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- 2. Name of Operator Rhymes Drilling Co., Inc. 3. Address of Operator P.O. Box 729, Roswell, N.M. 88201 4. Location of Well UNIT LETTER <u>E</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>660'</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>8 South</u> RANGE <u>29 East</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <u>3972.6 Gr.</u>	7. Unit Agreement Name 8. Farm or Lease Name O'Brien '19" 9. Well No. #1 10. Field and Pool, or WHdcat Twin Lakes SA Assoc. 12. County Chaves
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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.

10/12/83 Perforate @ 2648.5, 49,52, 52.5, 55,60.5, 61,61.5, 83, 83.5, 87.5,  
88, 88.5, 89, 90.5, 91.5, 92, 95  
Total 18 3/8" Holes  
Acidize W/ 7000 Gal. 28% NEFE  
10/13/83 Put on Pump

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

SIGNED Leslie A. Clements 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: