

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2082  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

RECEIVED BY  
OCT 12 1984  
O. C. D.  
ARTESIA, OFFICE

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 <b>Kuykendall Enterprises</b>	8. Farm or Lease Name <b>Kuykendall Enterprises</b>
3. Address of Operator <b>410 North Atkinson, Roswell, N.M. 88201</b>	9. Well No. <b>42</b>
4. Location of Well UNIT LETTER <b>XG</b> <b>2310</b> FEET FROM THE <b>N</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>18</b> TOWNSHIP <b>108</b> RANGE <b>28E</b> NMPM.	10. Field and Pool, or Wildcat <b>Race Track EA</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3767.4 3784.4' GL</b>	12. County <b>Chaves</b>

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 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.

**Spudded with Cable Tool**

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

SIGNED James F. Kuykendall TITLE owner DATE 10/12/84  
Original Signed By  
Leslie A. Clements  
APPROVED BY Supervisor District II TITLE \_\_\_\_\_ DATE OCT 12 1984  
CONDITIONS OF APPROVAL, IF ANY: