

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

RECEIVED

SEP 24 1979

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.)

O.C.C.
ARTESIAL OFFICE

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐	3a. Indicate Type of Lease State ☐ Fee ☐
2. Name of Operator J. L. Adamson	5. State Oil & Gas Lease No. 42321
3. Address of Operator P.O. Box 2088-2, Artesial, New Mexico 87501	7. Unit Agreement Name
4. Location of Well UNION LETTER 5, 000 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 1, TOWNSHIP 10, RANGE 29, N.M.P.M.	8. Farm or Lease Name 1 to state
	9. Well No. 1
	10. Field and Pool, or Wildcat Cubie 17, 1800
15. Elevation (Show whether DF, RT, GR, etc.) 3875 ft	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUS AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

August 10, 1979

Well was plugged and abandoned.

Plugs were set at these intervals. Circulated hole with 35 sacks mud gel.

1970-1870, 35 sacks.

1200-1100, 35 sacks.

420-320, 70 sacks. spotted 2-35 sack plugs @ 420 ~~feet~~

August 11, 1979

Ran tubing to 420, plug at 420. Plug did not set. pulled hole down to 425 ft. and filled hole with 6 yards ready-mix cement. Set marker and cleared location.

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

SIGNED _____ TITLE Owner-Operator DATE 9-24-79

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: