

DISTRICT I
P.O. Box 1900, Hobbs, NM 88240

DISTRICT II
P.O. Box 100, Artesia, NM 88210

DISTRICT III
1000 Elm Street Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-015-00670</u>	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. B 752	
7. Lease Name or Unit Agreement Name Ramapo	
8. Well No. 3	
9. Pool name or Wildcat ARTESIA O, G, S. R.	

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 O-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐		AUG 28 1996	
2. Name of Operator KERSEY & COMPANY			
3. Address of Operator P.O. BOX 1248 FREEBICKSBURG TX. 78624			
4. Well Location Unit Letter <u>I</u> <u>2970</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>17 S</u> Range <u>27 E</u> NMNM Eddy County			
10. Elevation (Show whether LP, RRB, RT, OR, etc.)			

II.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐	OTHER: ☐

12. 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.

6-17-96 Spot 25 sxs @ 1134'-954' tagged
6-17-96 PERFORATED @ 500' Squeeze 160 sxs to surface

INSTALL DRY HOLE MARKER
CIR. 10# mud

Post ID-2
9-20-96
p47

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

SIGNATURE Kenneth R. Wake TITLE Prod. Supt DATE 8-5-96
TYPE OR PRINT NAME Kenneth R. Wake TELEPHONE NO.

(This space for State Use)

APPROVED BY Man 2 TITLE FA DATE 10/1/96

COMMISSIONER OF APPROVAL, IF ANY:

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