

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION RECEIVED

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

OCT 16 '85

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.
B-8435

BLM

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 ☐ GAS WELL ☐ OTHER: <u>Injection</u>	7. Unit Agreement Name <u>Red Lake Perm</u>
2. Name of Operator <u>Kersey & Co.</u>	8. Farm or Lease Name <u>Scannett</u> <u>Sd. Ut.</u> <u>Tr. 6</u>
3. Address of Operator <u>Box 316, Artesia, N. Mex.</u>	9. Well No. <u>2</u>
4. Location of Well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> N.M.P.M.	10. Field and Pool, or Wellcat <u>Red Lake</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <u>Eddy</u>

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. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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 1703.

1. 100' plug 1830-1930'
2. Perforate 7" @ 1200'
3. 100' plug in and out of 7"
4. Perforate 7" @ 450'
5. 100' plug in and out of 7"
6. Surface plug'

Notify N.M.O.C.C. in sufficient time to witness

Plugging

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

SIGNED Harold Kersey TITLE Partner DATE 10-16-85
APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE OCT 22 1985
CONDITIONS OF APPROVAL, IF ANY: