Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

NOV 1 3 1972

O. C. C.
ARTESIA OFFICE

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
B-2071

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.)

7. Unit Agreement Name

1.
OIL WELL [X]   GAS WELL [ ]   OTHER-

2. Name of Operator

FRANKLIN, ASTON & FAIR, INC.

3. Address of Operator

P. O. Box 1090, Roswell, New Mexico   88201

4. Location of Well

UNIT LETTER ___J___ . __1650__ FEET FROM THE __South__ LINE AND __1958.35__ FEET FROM

THE __East__ LINE, SECTION __31__ TOWNSHIP __17. S.__ RANGE __28 E.__ NMPM.

8. Farm or Lease Name
State BJ

9. Well No.
2

10. Field and Pool, or Wildcat
Empire Abo

15. Elevation (Show whether DF, RT, GR, etc.)
3698' RDB

12. County
Eddy

16.   **Check Appropriate Box To Indicate Nature of Notice, Report or Other Data**

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]

PLUG AND ABANDON [ ]
CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [X]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER _____

ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]

_____ [ ]

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.

On August 10, 1972, the bridge plug at 5980' was drilled out and the well placed back on production. The well is now producing from perforations at 5834' - 5880' and 6014' - 6044'. There was no change in production after drilling the plug.

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

SIGNED _Grant M Smith_   TITLE __Geologist__   DATE __November 10, 1972__

TITLE _____   DATE _____

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: