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U.S.G.S.	
LAND OFFICE	
OPERATOR	

RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

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

O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E 379

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 Betrice Bedingfield	8. Farm or Lease Name State
3. Address of Operator P. O. Box 196, Artesia, New Mexico 88210	9. Well No. 7
4. Location of Well UNIT LETTER M 455 FEET FROM THE West LINE AND 360 FEET FROM THE South LINE, SECTION 36 TOWNSHIP 17S RANGE 2TE NMPM.	10. Field and Pool, or Wildcat Red Lake (Q,G,SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3625 GL	12. County Eddy

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <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.

5 1/2" Used J55- 20# Casing set at 1355'. Cement circulated with 450 sacks cement allowed to set 18 hours. Pressure tested at 800# for 30 minutes with no pressure drop.

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

SIGNED *[Signature]* TITLE **Agent** DATE **10/6/75**

APPROVED BY *[Signature]* TITLE **SUPERVISOR, DISTRICT II** DATE **OCT 7 1975**

CONDITIONS OF APPROVAL, IF ANY: