

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	
FIELD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
OPERATOR	<input checked="" type="checkbox"/>	

# NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 02 1983

O. C. D.  
ARTESIA, OFFICE

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E 7639
7. Unit Agreement Name Cave Pool Unit
8. Form of Lease Name
9. Well No. 36
10. Field and Pool, or Wildcat Cave GRBG-S.A.
12. County Eddy

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CEMENT OR PLUG BACK TO A DIFFERENT RESERVOIR.  
SEE INSTRUCTIONS FOR PERMIT ON FORM C-101 FOR SUCH PROPOSALS.

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER: <b>Water Injection Well</b>
1. Name of Operator J E M Resources, Inc. ✓		
2. Address of Operator Box 648, Artesia, N. Mex. 88210		
3. Location of Well UNIT LETTER <b>B</b> <b>660</b> FEET FROM THE <b>N</b> LINE AND <b>1980</b> FEET FROM <b>E</b> LINE, SECTION <b>8</b> TOWNSHIP <b>17</b> RANGE <b>29</b> N.M.P.M.		

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

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

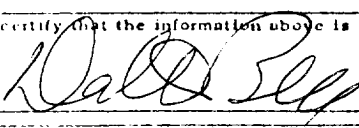
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

7. 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.

Well has tubing leak. Will pull & replace bad joint & Test backside for Leaks. Will put well back in service.

Work to commence aprox. 8-3-83

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

SIGNED 	TITLE <b>Pres.</b>	DATE <b>7-2-83</b>
Original Signed By <b>Leslie A. Clements</b> Supervisor District #		
APPROVED BY	TITLE	DATE <b>AUG 03 1983</b>
CONDITIONS OF APPROVAL, IF ANY:		

