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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
SEP 23 1976

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 ☒ Fee ☐
5. State Oil & Gas Lease No.	E-6353

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR REEQUIP A WELL TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Injection
2. Name of Operator JEM Resources Inc. ✓
3. Address of Operator Box 648 Artesia, N. Mex. 88210
4. Location of Well UNIT LETTER L 2310 FEET FROM THE S LINE AND 990 FEET FROM THE W LINE, SECTION 8 TOWNSHIP 17 RANGE 29 N.M.P.M.
15. Elevation (Show whether DE, RT, GR, etc.) 3638 GR

7. Unit Agreement Name CAVE POOL UNIT
8. Form or Lease Name CAVE POOL Unit
9. Well No. 49
10. Field and Foot, or Wildcat CAVE GRBG.
12. County Eddy

16. 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.

8 5/8 set at 352. 5 1/2 set at 2348 with 100 sacks. Open hole 2348 to 2383. Base of salt 675 Top of Queen 1640.

Will set 20 sacks at 2300 & shoot pipe, set 35 sack stub plug. If Queen is open will set 35 sacks 1690-1590. Set 35 sacks 725-625 & 35 sacks 400-300. 10 sacks & Marker at top.

Cement will be Portland type 2, & Hole will be loaded with M.L.F.

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

SIGNED *[Signature]* TITLE Pres. DATE 9-23-76

APPROVED BY *[Signature]* TITLE SUPERVISOR, DISTRICT II DATE SEP 24 1976

CONDITIONS OF APPROVAL, IF ANY: