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

APR 30 1979
NEW MEXICO OIL CONSERVATION COMMISSION

O. C. C.
ARTESIA, OFFICE

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DATE	1 -
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease	State ☒ Fee ☐
5. State Oil & Gas Lease No.	B-255

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.
"APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator	6J West Coop Unit
3. Address of Operator	8. Farm or Lease Name
6800 Park Ten Blvd, Suite 200 North, San Antonio, Texas 78213	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER <u>N</u> <u>990</u> FEET FROM THE <u>E</u> LINE AND <u>2310</u> FEET FROM	Grayburg Jackson
THE <u>W</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17-S</u> RANGE <u>29 E</u> N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Eddy

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 ☐		CASING TEST AND CEMENT JOB ☐	
OTHER <u>Installation of surface casing valves</u> ☒		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 1103.

The fittings installed are as follows (listed starting at the surface casing):
2"x6" nipple, 2" WKM 2000 W.P Ball valve, 2"x8" nipple,
2" 90° ell, 8" Riser, 1" Ball valve.

CONVB.H. checked by M.O.C.C. - OK

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

SIGNED <u>Mark Jacoby</u>	TITLE <u>Production Engineer</u>	DATE <u>4-26-79</u>
APPROVED BY <u>B.W. Weaver</u>	TITLE <u>Oil and Gas Supervisor</u>	DATE <u>JUN 11 1979</u>
CONDITIONS OF APPROVAL, IF ANY:		