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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
JAN 12 1979
O. C. C.
ARTESIA, OFFICE

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

5a. Indicate Type of Lease: State ☑ Fee ☐

5. State Oil & Gas Lease No.: E-742

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:

OIL WELL ☐ GAS WELL ☑ OTHER-

2. Name of Operator: √

8. Farm or Lease Name: STATE 19 COMM.

3. Address of Operator: Box 420, Artesia, N.M. 88240

9. Well No.: 1

4. Location of Well:

UNIT LETTER N, 660 FEET FROM THE SOUTH LINE AND 1571 FEET FROM

10. Field and Pool, or Wildcat: S EMPIRE MORROW

THE WEST LINE, SECTION 19 TOWNSHIP 17S RANGE 29E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3646.0 'GR

12. County: Eddy

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 ☐
- COMMENCE DRILLING OPNS. ☐
- CASING TEST AND CEMENT JOB ☐
- ALTERING CASING ☐
- PLUG AND ABANDONMENT ☐
- OTHER SET 8 5/8 INTER. CSG ☐

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.

1-8-79 drilled to 2900' - INT. CSG TD. set csg as follows:

FS, 1' SJ, FC, 41 jts 8 5/8", ECP, 2 jts 8 5/8", DV TOOL, 29 jts 8 5/8" 24#, J-55. ST&C - set at 2900' KB.

DV tool @ 1169' ECP @ 1248' (TO SHUT OFF MINOR WATER FLOW)

cmtd w/ 1800 sx Class "C" cmt. disp w/ 173 bbls FW

T.O.C. by temp survey 490'.

W.O.C. 18 hrs., press. test., held. ok.

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

SIGNED [signature] TITLE Administrative Supervisor DATE 1-10-79

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: