

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2080  
SANTA FE, NEW MEXICO 87501  
O. C. D.  
ARTESIA, OFFICE

RECEIVED

JUL 13 1984

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
E-7596

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 - 1" (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 JEM Resources Inc. ✓	8. Farm or Lease Name Red State
3. Address of Operator P.O. 2938, Ruidoso NM. 88345	9. Well No. 2
4. Location of Well UNIT LETTER G, 1650 FEET FROM THE North LINE AND 2310 FEET FROM East THE LINE, SECTION 4 TOWNSHIP 17 S RANGE 29 E NMPM.	10. Field and Pool, or Wildcat Cave GB/SA
15. Elevation (Show whether DF, RT, GR, etc.) 3585 Gr.	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 <input 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 OPNS. <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 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 1503.

7/1/84 TD 3118 Run Dresser CNL/FDC, DLL/RXO  
Loggers TD 3129  
Run 3118' 5 1/2" 15.5# Csg cmt w/ 800 SXS Dowell Lightweigh III  
Plug down @ 10:14 AM 7/2/84 Cir 30 SXS to Pit. WOC 18 hrs.

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

SIGNED \_\_\_\_\_ TITLE Consultant DATE 7/10/84

APPROVED BY \_\_\_\_\_ TITLE Supervisor District II DATE JUL 17 1984

Original Signed By  
Leslie A. Clements