

OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator J.E.M. Resources Inc ✓✓	8. Firm or Lease Name Red Twelve State
3. Address of Operator P.O. Box 2938, Ruidoso NM 88345	9. Well No. 4
4. Location of Well UNIT LETTER 0 990 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 17 S RANGE 29 E NMPM.	10. Field and Pool, or Wildcat Cave GB/SA
15. Elevation (Show whether DF, RT, GR, etc.) 3620 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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

9/14/84 Spud 12 $\frac{1}{4}$ " Hole @ 9:00 AM
TD 350' Run 350 Ft. 8 5/8" Csgng.
Cmt W/ 250 sxs Class "C" 2% CaCl2 Cir 30 sxs to pit
dPlug Down @ 4:30 PM WOC 18 Hrs.

9/15/84 Pressure test csgng to 800 psi held 30 min no drop

9/22/84 TD 3550 Run Dresser CNL/FDC DLL

9/23/84 Run 3550' 5 $\frac{1}{2}$ ' 15.5# csgng Cmt w/ 950 sxs Dowell LiteWate 1V
Tailed in W/ 250 sxs Class "C" 2% CaCl2 Plug down 7:57 PM
Cir 20 SXS to Pit.

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

SIGNED  TITLE Consultant

DATE 9/24/84

APPROVED BY _____ TITLE _____
Original Signed By
Leslie A. Clements
Supervisor District II

DATE SEP 27 1984