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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	OG - 182

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 Redfern Development Corporation	8. Farm or Lease Name Marathon State
3. Address of Operator P. O. Box 1747, Midland, Texas	9. Well No. 1
4. Location of Well UNIT LETTER M, 670 FEET FROM THE South LINE AND 610 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 18S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3423 GL	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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Perforations & Acid <input checked="" 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 1103.

Perforated interval 6422-28' with 4 shots per foot and acidized with 500 gallons NE.

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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>For Redfern</u>	TITLE <u>Geologist</u>	DATE <u>11-8-65</u>
APPROVED BY <u>M. L. Armstrong</u>	TITLE <u>INSPECTOR</u>	DATE <u>NOV 10 1965</u>
CONDITIONS OF APPROVAL, IF ANY:		