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# NEW MEXICO OIL CONSERVATION COMMISSION

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                                                                                              |                                                                     |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|-----------------------|--|------------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------|----------------------------------------------|---------------------------------------|--------------------------------------------------|-----------------------------------------------|-----------------------------------------------|--------------------------------|------------------------------------------------------|---------------------------------------------------------------------|
| <p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p><small>(DO NOT USE THIS FORM FOR APPLICATIONS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - FORM C-101, FOR SUCH PROPOSALS.)</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | <p><b>RECEIVED</b></p> <p><b>AUG 5 1980</b></p>                                                              |                                                                     |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |
| <p>1. Kind of Well <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | <p>3a. Indicate Type of Lease<br/>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> |                                                                     |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |
| <p>2. Name of Operator<br/><b>Anadarko Production Company</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | <p>3. State Oil &amp; Gas Lease No.<br/><b>B - 10568</b></p>                                                 |                                                                     |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |
| <p>3. Address of Operator<br/><b>P. O. Box 67, Loco Hills, New Mexico 88255</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | <p>7. Unit Agreement Name<br/><b>Artesia State Unit</b></p>                                                  |                                                                     |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |
| <p>4. Location of Well<br/>UNIT LETTER <b>A</b> <b>10</b> FEET FROM THE <b>North</b> LINE AND <b>1310</b> FEET FROM<br/><b>East</b> LINE, SECTION <b>23</b> TOWNSHIP <b>18S</b> RANGE <b>27E</b> NMPM.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | <p>8. Form of Lease Name<br/><b>Tract No. 9</b></p>                                                          |                                                                     |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |
| <p>15. Elevation (Show whether DF, RT, GR, etc.)<br/><b>3499.1 GR</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | <p>9. Well No.<br/><b>1</b></p>                                                                              |                                                                     |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |
| <p>12. County<br/><b>Eddy</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | <p>10. Field and Pool, or Wildcat<br/><b>Artesia-Queen GSA</b></p>                                           |                                                                     |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |
| <p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p> <table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDONMENT <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>OTHER <input type="checkbox"/></td> <td>CASING TEST AND CEMENT JOBS <input type="checkbox"/></td> <td>OTHER <input checked="" type="checkbox"/> <b>Casing Head Survey</b></td> </tr> </table> |                                           |                                                                                                              | 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 type="checkbox"/> | OTHER <input checked="" type="checkbox"/> <b>Casing Head Survey</b> |
| 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 type="checkbox"/>                                                         | OTHER <input checked="" type="checkbox"/> <b>Casing Head Survey</b> |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |
| <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                              |                                                                     |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                  |                                               |                                               |                                |                                                      |                                                                     |

Conventional Braidenhead - 2" piped to surface and swedged to 1/2" with 1/2" valve exposed.

Witnessed by: - N. M. O. C. D. - 8-18-80

|                                                                                                                     |                                           |                                    |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------|
| <p>18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.</p> |                                           |                                    |
| <p>SIGNED <u><i>Kerry E. Auchter</i></u></p>                                                                        | <p>TITLE <u>Area Supervisor</u></p>       | <p>DATE <u>August 20, 1980</u></p> |
| <p>APPROVED BY <u><i>B.W. Weaver</i></u></p>                                                                        | <p>TITLE <u>OIL AND GAS INSPECTOR</u></p> | <p>DATE <u>AUG 25 1980</u></p>     |
| <p>CONDITIONS OF APPROVAL, IF ANY:</p>                                                                              |                                           |                                    |