

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED B

MAR 12 1984

O. C. D.  
ARTESIA, OFFICEForm C-103  
Revised 10-1-76

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

**JOE G. FENN**

Address of Operator

**908 MAIN, ARTESIA, N.M. 88210**

Location of Well

UNIT LETTER **B**, **990** FEET FROM THE **North** LINE AND **2310** FEET FROMTHE **East** LINE, SECTION **26** TOWNSHIP **18S** RANGE **26E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

**KINDLE**

9. Well No.

**3**

10. Field and Pool, or Wildcat

**DAYTON GRAYBURG**

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

**3304.3 GL**

12. County

**EDDY**

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

## SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

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

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER **Reclassify as a gas well**

7. 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.

**This well has ceased making oil but continues to produce gas. I hereby request this well be reclassified as a gas well.**

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

SIGNED Joe G. FennTITLE OperatorDATE March 9, 1984

APPROVED BY \_\_\_\_\_

TITLE Original Signed By  
Leslie A. Clements  
Supervisor District II

DATE MAR 12 1984

CONDITIONS OF APPROVAL, IF ANY: