

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87504

Form C-103
Revised 10-1-77

FEB 17 1981

O. C. D.
ARTESIA OFFICE

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
E-7179

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 TO DRILL FROM C-1011 FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator	West Artesia Grbg. Ut.
3. Address of Operator	8. Farm or Lease Name
P.O. Box 304, Artesia, N.M. 88210	Tr. 5
4. Location of Well	9. Well No.
UNIT LETTER L 2269 FEET FROM THE South LINE AL 330 FEET FROM	22
THE West LINE, SECTION 8 TOWNSHIP 18S RANGE 28E N.M.P.M.	10. Field and Pool, or Wildcat
	Artesia On. Grbg. SA
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3621.1'	Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OF IS. ☒
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☒
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	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.

Spudded 8:30 p.m. 2/12/81, drilling 12½" hole.
2/14/81 Conditioned hole, tripped out pipe & collars, ran 13 jts. 8 5/8" 24# new casing, landed @ 521' GL, pumped 300 sax Class C 2% calcium chloride, plug down @ 1:45 a.m., circulated 55 sax, WOC 18 hrs., tested casing @ 400# f/10 minutes-held okay.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Carol Ann</u>	TITLE <u>Production Clerk</u>	DATE <u>2/16/81</u>
APPROVED BY <u>M. Williams</u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>FEB 18 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		