

L. CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	/

MAR 29 1983

O.C.D.
ARTESIA, OFFICE

5c. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDY 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
Ralph Nix
Address of Operator
P.O. Box 617 Artesia, N.M. 88210
Location of Well
UNIT LETTER H, 1980' FEET FROM THE North LINE AND 660' FEET FROM THE East LINE, SECTION 34 TOWNSHIP 18S RANGE 26E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
Merrill Battery #2
9. Well No.
#4
10. Field and Pool, or Wildcat
Atoka/Glorieta Yes
12. County
Eddy

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

3350' GL 3332

6. 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 JOB ☒
OTHER Spudding ☒
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.

SPUD DATE 7:00 PM 3/18/83

RIH WITH 24 JTS OF 8 5/8", 24# API CASING TO 965' GL. CEMENT WITH 300 SX HALLIBURTON LITE, 2% CACL, 6% GIL, 200 SX CLASS C, 2% CACL, DID NOT CIRCULATE. RUN TEMP SURVEY. TOP CEMENT 835', RUN 1" TO 620' PUMP 35 SX 4% CACL FOR FIRST PLUG.
TAG 574' PUMP 2ND PLUG 35 SX 4% CACL,
TAG 574' PUMP 3RD PLUG 35 SX 4% CACL, TAG 572', PUMP 4TH PLUG 35 SX 4% CACL, TAG 464', PUMP 5TH PLUG 35 SX 4% CACL, TAG 332' PUMP 6TH PLUG 25 SX 4% CACL. TAG 134' PUMP 7TH PLUG 100 SX 4% CACL, CIRCULATE 20 SX TO PIT. WOC 8 HRS ON LAST PLUG, TEST BOP & CASING AT 1000 PSI FOR 1 HR. HELD O.K.

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

SIGNED Ralph Nix TITLE _____ DATE 3-25-83

Original Signed By
Leslie A. Clements
Supervisor District II

MAR 29 1983

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: