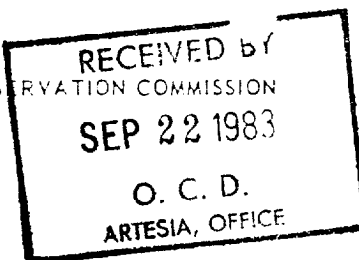


DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION



Form 100-1
Superseded Old
C-100 and C-103
Effective 1-1-83

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 647 #350	

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 Santa Rita Exploration, Corp.		8. Farm or Lease Name Illinois
3. Address of Operator P.O. Box 798, Artesia, New Mexico 88210		9. Well No. #1
4. Location of Well UNIT LETTER <u>B</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>1700</u> FEET FROM THE <u>East</u> LINE, SECTION <u>19</u> TOWNSHIP <u>18S</u> RANGE <u>28E</u> NMPM.		10. Field and Pool, or Wildcat Artesia O GR SA
15. Elevation (Show whether DF, RT, GR, etc.) 3594.8		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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

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

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.

Well was spudded on September 14, 1983 at 2:00 pm.

9-15-83

Ran 365' of 8 5/8", 23# casing.
Cemented with 250 sxs of Class "C" neat w/2% CaCl.
Circulated 20 sxs.
Plugged down at 9:30 am
Pressure tested 1000# for 30 minutes. Held fine.
WOC 48 hours.

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

SIGNED Leslie A. Clements TITLE Production Clerk DATE Sept. 21, 1983

APPROVED BY Original Signed By Leslie A. Clements Supervisor District II TITLE Supervisor District II DATE SEP 26 1983

CONDITIONS OF APPROVAL, IF ANY: