

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87516 1983

O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☐ Fee ☐  
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Ralph Nix 3. Address of Operator P.O. Box 617 Artesia, New Mexico 88210 4. Location of Well UNIT LETTER G, 1650 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 18S RANGE 26E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3307'	7. Unit Agreement Name 8. Farm or Lease Name Fedell 9. Well No. 2 10. Field and Pool, or Wildcat Und. Atoka Glorietta Yeso 12. County Eddy
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16. 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 JOBS ☒  
OTHER Spud and set surface ☒  
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.

11-11-83 Spud Date: 11-10-83 @ 11:00 PM

11-13-83 RIH/W 23 JTS.968.65', 28# API 8 5/8". Set at 972.65' KB.  
Cement W/350 SX H/L W/ 1/4# Flocele, 6# Gilsonite, 2% CACL,  
200 SX Class C, W/2% CACL, Plug Down 12:00 AM 11-13-83,  
Circulated 90 SX to Pit.

11-14-83 Test Casing and BOP 30 Min. @.600 PSI, OK. Total 20 Hrs.WOC

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

SIGNED [Signature] TITLE \_\_\_\_\_ DATE 11-17-83

Original Signed By  
Leslie A. Clements  
Supervisor District II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 18 1983

CONDITIONS OF APPROVAL, IF ANY: