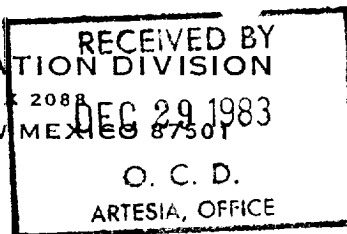


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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



Form C-103
Revised 10-1-73

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Ralph Nix ✓	8. Farm or Lease Name Fedell
3. Address of Operator P.O. Box 617, Artesia, New Mexico 88210	9. Well No. 2
4. Location of Well UNIT LETTER <u>G</u> , <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>35</u> TOWNSHIP <u>18S</u> RANGE <u>26E</u> NMPM.	10. Field and Pool, or Wildcat Unit Atoka Glorieta Yesc
15. Elevation (Show whether DF, RT, GR, etc.) 3307' GR	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input checked="" type="checkbox"/> TD, Perforating, Stimulation, pumping

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.

See Attachment

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

SIGNED <u>Ralph Nix</u>	TITLE _____	DATE <u>12/28/83</u>
APPROVED BY _____	TITLE <u>Original Signed By</u> <u>Leslie A. Clements</u> <u>Supervisor District II</u>	DATE <u>JAN 04 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		