

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>	
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LAND OFFICE		
OPERATOR	<input checked="" type="checkbox"/>	

RECEIVED BY
NOV 15 1983
O. C. D.
ARTESIA, OFFICE

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.

OIL WELL GAS WELL OTHER

7. Unit Agreement Name

8. Farm or Lease Name
Krauss GF

9. Well No.
2

10. Field and Pool, or Wildcat
Atoka-SA

11. Location of Well
UNIT LETTER K 1750 FEET FROM THE South LINE AND 1650 FEET FROM
THE West LINE, SECTION 22 TOWNSHIP 18S RANGE 26E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3330 3329' GR

12. County
Eddy

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

ALTERING CASING

PLUG AND ABANDONMENT

7. 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 12-1/4" hole 8:45 AM 11-7-83. Set 40' of 20" conductor pipe. Ran 23 joints of 8-5/8" 24# K-55 ST&C casing set at 950'. 1-Texas Pattern notched guide shoe set at 950'. Baffle float set at 907'. Cemented w/350 sacks Class "C", 4% gel, 2#/sack Hiseal and 1% CaCl2. Tailed in w/200 sacks Class "C" 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hours. PD 8:10 PM 11-8-83. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 20 sacks. WOC. Drilled out 2:10 PM 11-9-83. WOC 18 hours. NU and tested to 1000 psi for 30 minutes, okay. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

8. 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 Supervisor DATE 11-10-83
Original Signed By
Leslie A. Clements
Supervisor District II

APPROVED BY _____ TITLE _____ DATE NOV 15 1983

CONDITIONS OF APPROVAL, IF ANY: