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NEW MEXICO OIL CONSERVATION

RECEIVED BY

MAY 03 1984

O. C. D.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

E-7179

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-	7. Unit Agreement Name
2. Name of Operator Santa Rita Exploration Corp. ✓	8. Farm or Lease Name Amin State
3. Address of Operator P.O. Box 798 Artesia, New Mexico 88210	9. Well No. #1
4. Location of Well UNIT LETTER A 990 FEET FROM THE North LINE AND 990 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 18S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Artesia Queen GR SA
15. Elevation (Show whether DF, RT, GR, etc.) 3641	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 type="checkbox"/>

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.

Drilled to a Total Depth of 2520' on April 26, 1984

4/27/84

Ran 2476' of 5½", 15.5# K-casing
Used 5 centralizers at 1692, 1934, 2134, 2335, 2415'
Cemented with 350 sxs Halliburton Lite, 6# salt, ¼# flocele,
and 2% CaCl and used 350 sxs Class "C", 8# salt, ¼# flocele,
and 2% CaCl

Plug down at 10:00 pm
Circulated 80 sxs
Pressure tested 1000# for 30 minutes - Held
WOC 72 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 May 1, 1984

APPROVED BY _____ TITLE Original Signed By
Leslie A. Clements
Supervisor District II DATE MAY 0-3 1984

CONDITIONS OF APPROVAL, IF ANY: