

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

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- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Blanco Engineering, Inc. ✓	8. Farm or Lease Name Scripps
3. Address of Operator 116 North First Street, Artesia, New Mexico 88210	9. Well No. 4
4. Location of Well UNIT LETTER <u>M</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>18S</u> RANGE <u>26E</u> NMPM.	10. Field and Pool or Wildcat <u>Atoka Yeso</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3283 GR	12. County Eddy

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 ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

OTHER ☐

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 12 1/4" hole to 937'. Ran 8 5/8" - 24# - J555 New Casing. Cemented casing with 300 sacks Howco Lite and 200 sacks Class C with 2% CaCl. Casing set at 930', more than 100' below any fresh water zones. Cement circulated. Circulated approx. 100 sacks to pit. Plug down at 7:00 p.m., May 25, 1984. After 24 hours W.O.C.; tested casing to 2000 psig for 30 mins. held O.K. Drilled to 950' and tested casing to 2000 psig for 30 mins. Tested O.K.

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

SIGNED W. H. Gray

TITLE V. PRES.

DATE 5-29-84

APPROVED BY _____

TITLE Supervisor District #

DATE MAY 31 1984

CONDITIONS OF APPROVAL, IF ANY: