

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Form C-103  
Revised 10-1-78

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OPERATOR	<input checked="" type="checkbox"/>

RECEIVED BY 2088  
SANTA FE, NEW MEXICO 87501

JUL 29 1985

O. C. D.

ARTESIA, OFFICE

3a. 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 OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator

H & S OIL COMPANY

2. Address of Operator

SUITE 303 FIRST NATIONAL BANK BLDG. ARTESIA NM 88210

3. Location of Well

UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM

THE East LINE, SECTION 26 TOWNSHIP 18S RANGE 26E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

INEX

9. Well No.

1

10. Field and Pool, or Wildcat

ATOKA, GLO., YESO

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

3297 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 ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

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.

6/25/85 Spudded at 3:30 PM  
6/27/85 Ran 981' of 8 5/8" casing. Cemented with 550 sacks High Early II with 2% calcium chloride. Circulated cement as per Oil Conservation instructions. Plug down @ 7:58 AM Waited on cement 18 hours. Pressure test 30 minutes @ 600 lbs.

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

SIGNED

TITLE Partner

DATE 7/29/85

Original Signed By  
Les A. Clements

TITLE

DATE

JUL 30 1985

CONDITIONS OF APPROVAL, IF ANY:

Supervisor District II