

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

RECEIVED BY BOX 2088
SANTA FE, NEW MEXICO 87501

SEP 23 1985

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-79

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> WELL	7. Unit Agreement Name
2. Name of Operator H & S Oil Company	8. Farm or Lease Name Scripps
3. Address of Operator Suite 303, First National Bank Bldg., Artesia, NM 88210	9. Well No. 6
4. Location of Well UNIT LETTER <u>K</u> <u>2145</u> FEET FROM THE <u>South</u> LINE AND <u>1980</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 Willcat Atoka, Glorieta, Yeso
15. Elevation (Show whether DF, RT, GR, etc.) 3278 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 checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPHS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

8-30-85 Ran 89 Jts 5 1/2" 15.5# J-55 casing. Made 3682.63' Cemented with 250 sacks DLW III, 1/2 lb. D-29, 5 lbs. D-44, 300 sacks tailend standard Class C, 31 lbs. D-44

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

Signed Robert R. Spencer TITLE Partner DATE 9-23-85

Original Signed By
Les A. Clements

APPROVED BY Supervisor District II TITLE DATE SEP 24 1985

CONDITIONS OF APPROVAL, IF ANY: