

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

RECEIVED BY BOX 2088  
SANTA FE, NEW MEXICO 87501

OCT 24 1985

O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

V 1404

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 Fred Pool Drilling, Inc.	8. Farm or Lease Name Artesia State
3. Address of Operator P.O. Box 1393 Roswell, N.M. 88201	9. Well No. 2
4. Location of Well UNIT LETTER C, 2310 FEET FROM THE West LINE AND 330 FEET FROM THE North LINE, SECTION 13, TOWNSHIP 18S RANGE 27E N.M.P.M.	10. Field and Pool, or Wildcat Artesia, On, Gb, SA
15. Elevation (Show whether DF, RT, GR, etc.) 3581 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 ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPERATIONS ☐

CASING TEST AND CEMENT JOB ☐

OTHER 8 5/8 casing

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.

October 1, 1985: Set 382 ft. of used 8 5/8 24# casing.  
Used 270 sx Class C cement with 2% CaCl.  
Tested to 500# for 30 minutes; no pressure drop.

W O C 24hrs. CM 7 CIR

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

SIGNED [Signature] TITLE President

DATE 10-21-85

Original Signed By

Les A. Clements

TITLE

Supervisor District II

APPROVED BY

DATE

OCT 25 1985

CONDITIONS OF APPROVAL, IF ANY: