

L CONSERVATION DIVISIO

Form C-103
Revised 10-1-78

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

DEC -3 1985

O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER-	7. Unit Agreement Name
Name of Operator RALPH NIX ✓			8. Farm or Lease Name Merri Battery #2
Address of Operator P. O. Box 440, Artesia, New Mexico 88210			9. Well No. #3
Location of Well UNIT LETTER <u>O</u> , <u>960</u> FEET FROM THE <u>South</u> LINE AND <u>2270</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>18S</u> RANGE <u>26E</u> NMPM.			10. Field and Pool, or Wildcat Atoka/Glorieta/Yeso
15. Elevation (Show whether DF, RT, GR, etc.) 3349 GL			12. County Eddy

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"/>
NULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>casing test only</u> <input checked="" type="checkbox"/>

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.

11-27-85 Halliburton conducted csg. test on 5 1/2" production string,
at 1000 psi, 30 min., no drop in psi.

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

SIGNED <u>[Signature]</u>	TITLE _____	DATE <u>12/02/85</u>
Original Signed By <u>Les A. Clements</u>	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>DEC 5 1985</u>
PROVED BY _____	CONDITIONS OF APPROVAL, IF ANY:	