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MAR 22 1977

O. C. C.

Form C-103
Supersedes OMI
C-102 and C-101
Effective 1-1-75

50. Indicate type of lease	State ☐	Fee ☒
51. State Oil & Gas Lease No.		
52. Unit Agreement Date		
53. Name of Leaseholder	E. G. Nix	
54. Well No.	#1	
55. F1, F2 and F3, or Wildcat	Wildcat Morrow	
56. County	Eddy	

ARTESIAN OFFICE SUNDARY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR WELLS LOCATED IN A DIFFERENT RESERVOIR. (USE WELLS LOCATION FOR REPORT ON WELLS LOCATED IN A DIFFERENT RESERVOIR.)			
1. OIL WELL ☐	GAS WELL ☐	OTHER - Drilling	
2. Name of Operator Inexco Oil Company			
3. Address of Operator 308 Lincoln Tower Bldg., Denver, CO 80295			
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM East THE LINE, SECTION 2 TOWNSHIP 19 S RANGE 26E NE 1/4			
5. Elevation (Show whether PF, RT, GR, etc.) 3300 Ground			

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOG ☒	

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.

Well was spudded with a 17½" hole 3/18/77. Drilled to 370'KB. Ran 9 jts. 13 3/8"-48#-H40-ST & C. Casing set at 366'KB. Cemented by Halco with 500 sx class "C" cement. Plug down with good returns at 9:30 P.M. 3/18/77.

Nippled up 10" - 3000 PSI W.P. Double gate BOP. Pressure tested rams to 1500 PSI for 30 minutes. Held O.K. Minimum W.O.C. time 18 hrs. Drilled out w/12½" bit 5:00 P.M. 3/20/77.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <i>[Signature]</i>	TITLE Drilling Superintendent	DATE March 21, 1977	
APPROVED BY <i>[Signature]</i>	TITLE SUPERVISOR, DISTRICT II	DATE MAR 24 1977	
CONDITIONS OF APPROVAL, IF ANY:			