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FEB 24 1981

5a. Indicate Type of Lease

State ☐ Fee ☒

5. State Oil &amp; 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Dry Hole</u>	7. Unit Agreement Name
2. Name of Operator <u>RALPH NIX</u>	8. Farm or Lease Name
3. Address of Operator <u>P.O. Box 617, Artesia, New Mexico 88210</u>	9. Well No. <u>ANN</u>
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>19S</u> RANGE <u>26E</u> NMPM.	10. Field and Pool, or Wildcat <u>Wildcat</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3422.5' GL</u>	12. County <u>Eddy</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐  
 TEMPORARILY ABANDON ☐  
 PULL OR ALTER CASING ☐

PLUG AND ABANDON ☒  
 CHANGE PLANS ☐

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

ALTERING CASING ☐  
 PLUG AND ABANDONMENT ☐

OTHER ☐

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.

Total depth 9540'. It is proposed to P & A the above named well by setting the following:

Plug	Feet	From - To	Sx. Cement
1	100	9425 - 9525	35
2	100	9000 - 9100	35
3	100	7720 - 7820	35
4	100	6450 - 6550	35
5	100	4300 - 4400	35
6	100	2500 - 2600	35
7	100	1378 - 1478	40
8	20	20 - 0	20

Verbal approval to plug this well was received via telephone from Stamets & Mike Williams, 2/19/81

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

SIGNED

TITLE

DATE 2/23/81

APPROVED BY

TITLE

DATE

FEB 24 1981

CONDITIONS OF APPROVAL, IF ANY: