STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State [ ] Fee [X]

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.)

RECEIVED BY
JAN 09 1984
O. C. D.
ARTESIA, OFFICE

1. OIL WELL [ ] GAS WELL [X] OTHER-

7. Unit Agreement Name

2. Name of Operator
Chama Petroleum Company

8. Farm or Lease Name
South Boyd

3. Address of Operator
P.O. Box 31405, Dallas, Texas 75231

9. Well No.
1

4. Location of Well
UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 19S RANGE 25E NMPM.

10. Field and Pool, or Wildcat
Und. Cemetary Morrow

15. Elevation (Show whether DF, RT, GR, etc.)
3455.7 GL

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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Activity [ ]		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.

12-15-83: Continued
opened well to pit, Recovery "Tight"

12-16-83: Well dead, did not flow overnight, fluid level 1100' from surface, testing, S.I.

12-17-83: Testing, S.I.

12-18-83: S.I.

12-19-83: TP 550#, master valve & flow lines frozen up, bleeder valve from test rank froze up, temperature 18°, wind 15 miles per hr., left well S.I.

12-20-83: Rigged up hot oiler, steamed to thaw out ice, F.L. 800' from surface, testing

12-21-83: Testing

12-22-83: Testing

12-23-83: Testing

12-24-83:
Thru S.I.
12-26-83:

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

SIGNED Kathie Craft TITLE Production Secretary DATE 1/5/84

APPROVED BY Original Signed by Leslie A. Clements TITLE Supervisor District II DATE JAN 10 1984

CONDITIONS OF APPROVAL, IF ANY: