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NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED BY
APR 02 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.
 L-1022

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER

Name of Operator

OilCo, Inc. ✓
 Address of Operator

O. Drawer I, Artesia, NM 88210
 Location of Well

UNIT LETTER J 1980' FEET FROM THE South LINE AND 1980' FEET FROM

THE East LINE, SECTION 5 TOWNSHIP 19 RANGE 29 N.M.P.M.

11. Elevation (Show whether DF, RT, GR, etc.)
 3403.1 GL

7. Unit Agreement Name
 8. Farm or Lease Name
 Guajalote State
 9. Well No.
 #1
 10. Field and Pool, or Wildcat
 Und. S. Loco Hills-O.G.S.A.
 12. County
 Eddy

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

FORM 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 OPS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER _____ <input 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.

3/19/84 Spud well @2:00 p.m.; drilled to 350'. Ran 8 jts. of 8-5/8" casing, 23#, set @350'. Cemented with 240 sx. Class "C" cement with 2% CaCl. Bring to surface with 6 yds. ready mix cement. Plug down @8:00 p.m. WOC 18 hrs. Test casing for 30 min. No decrease in pressure.

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

By Frank J. Murga TITLE Operator DATE 3/20/84
 Original Signed By
 Leslie A. Clements
 Supervisor District II
 DATE APR 02 1984

CONDITIONS OF APPROVAL, IF ANY: