

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
RECEIVED BY O. BOX 2088
SANTA FE, NEW MEXICO 87501
DEC 21 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG2723

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Metex Pipe & Supply	8. Farm or Lease Name Southland State
3. Address of Operator P.O. Box 1037 Artesia, N.M. 88210	9. Well No. 1
4. Location of Well UNIT LETTER J 2299 FEET FROM THE South LINE AND 2390 FEET FROM THE EAST LINE, SECTION 7 TOWNSHIP 19S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Millman Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3519.1 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 <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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER cement surface casing <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Ran 8 joints 8 5/8", 24#, casing to 332'. Cemented with 200 sacks Halco class "C" cement with 2% CaCl. Circulated 10 sacks to pit. 12-19-85 1:30 am
WOC 18 0-0 340 # press 200 30 min 0-0

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

SIGNED M. M. M. M. TITLE owner DATE 12-20-84
APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE JAN 23 1985
CONDITIONS OF APPROVAL, IF ANY: