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 10-1-78

30 015 23100

5a. Indicate Type of Lease: State [XX] Fee [ ]
5. State Oil & Gas Lease No.: VB-0183

## 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.)

SEP 1997
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OCD - ARTESIA

7. Unit Agreement Name:

OIL WELL [XX] GAS WELL [ ] OTHER-

8. Farm or Lease Name: State

Name of Operator: Energex Company

9. Well No.: #1

Address of Operator: 100 N. Pennsylvania, NM 88201

10. Field and Pool, or Wildcat: Und. Bone Spring

Location of Well
UNIT LETTER M, 3300 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 21S RANGE 28E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3318.8 GR

12. County: Eddy

## 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 [XX] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | CHANGE PLANS [ ] | CASING TEST AND CEMENT JOB [ ] | |
| OTHER [ ] | | 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.

8/28/97 Washed Out Road--Repaired.

8/29/97 WO Pulling Unit to run tubing and rods
9/1/97 WO notification of offset operators preparatory to sending C-107 awaiting certified receipts.
9/5/97 Flowed 4 BO to tanks and died. WO pulling Unit.
9/6/97 WO Pulling Unit.
9/7/97 WO Pulling Unit.

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

SIGNED Brenda J. Walters TITLE Prod Acct. DATE 9/8/97

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE _____ DATE SEP 26 1997

CONDITIONS OF APPROVAL, IF ANY: