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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 10 1980

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 <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Eugenie
9. Well No. 2
10. Field and Foot, or Wildcat
11. County Eddy

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.)

OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Brine Water Well</u>
Name of Operator Permian Brine Sales & Service, Inc. ✓
Address of Operator Box 1591, 212 W. 5th St., Odessa, Texas 79760
Location of Well UNIT LETTER <u>M</u> <u>1288</u> FEET FROM THE <u>South</u> LINE AND <u>497</u> FEET FROM THE <u>West</u> LINE, SECTION <u>17</u> TOWNSHIP <u>22S</u> RANGE <u>27E</u> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) GL 3126

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

It is proposed to set the 5½" casing and cement @ 285' instead of 350' as originally approved. All fresh water has been penetrated and the red beds are sloughing on the cable tools.

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

SIGNED A. L. Hickerson TITLE President DATE _____

APPROVED BY W. A. Gussert TITLE SUPERVISOR, DISTRICT II DATE JAN 18 1980

CONDITIONS OF APPROVAL, IF ANY: