

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

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 24 1980

O. C. D.

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U.S.G.S.	
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> For <input type="checkbox"/>
5. State Oil & Gas Lease No. L-4956
7. Unit Agreement Name
8. Farm or Lease Name SRC-STATE
9. Well No. 1-Y
10. Field and Pool, or Wildcat Wildcat
12. County Eddy

SUNDY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE.
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (M.C. 1011) FOR SUCH PROPOSALS.

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Adams Exploration Company ✓

3. Address of Operator
P. O. Box 10585, Midland, Texas 79702

4. Location of Well:
UNIT LETTER 0 660 FEET FROM THE South LINE AND 1990 FEET FROM
THE East LINE, SECTION 16 TOWNSHIP 26-S RANGE 30-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3056 GR, 3085 KB

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 <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Change in Operator

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.

Previous operator was Ellwade Corporation, P. O. Box 125, Midland, Texas 79702.

Effective August 5, 1980, well operations have been supervised by Adams Exploration.

Handwritten notes:
10-23-80
10-23-80
10-23-80

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

SIGNED D.C. Helm TITLE Operations Manager DATE 9-23-80

APPROVED BY W.A. Swartz TITLE SUPERVISOR, DISTRICT II DATE SEP 26 1980

CONDITIONS OF APPROVAL, IF ANY: