Form 3160-5 (November 1983) (Formerly 9-331) DEPARTMENT OF THE INTERIO	SUBMIT IN TRIPI TEO (CCOM The Tructions re-	Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LAND MANAGEMENT	N 88210	NM-27647 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS OF COMMON COLOR OF THE SUNDRY NOTICES AND REPORTS OF COLOR OF COMMON COLOR OF COMMON COLOR OF	N WELLS LO A difference reservoir: Peals:) RECEIVED BY	
1.	007	7 UNIT AGREEMENT NAME
OIL GAS OTHER Drilling Well 2. NAME OF OPERATOR	UCI 18 1985	8 FARM OR LEASE NAME
Rhymes Drilling Company, Inc.	O. C. D.	Exxon '31' Federal
3. ADDRESS OF OPERATOR	ARTESIA, OFFICE	water no.
P.O. Box 729, Roswell, New Mexic. 1. LOCATION OF WELL (Report location clearly and in accordance with any St See also space 17 below.) At surface	cate requirements.*	10. FIELD AND POOL, OR WILDCAT Wildcat-Delaware
1980' FNL & 1980' FWL SE/4 N	W/4	11. SHC., T., R., M., OR BLK. AND SURVEY OR ARMA
		Sec. 31, T25S, R30E 12. COUNTY OR PARISH 13. STATE
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, R		Eddy N.M.
16. Check Appropriate Box To Indicate Na		<u> </u>
NOTICE OF INTENTION TO:		UNIT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT [®]
(Other) Change in Production Casing X	(Other) (Note: Report results Completion or Recompl	of multiple completion on Well etion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface location nent to this work.).	details, and give pertinent dates, ns and measured and true vertice	including estimated date of starting any all depths for all markers and sones perti-
Rhymes Drilling Company, Inc. casing string to 5 1/2", 15.5#, inste production casing. Hole size will reproduction casing will be sufficient zones.	ad of the original pmain $7.7/8$ ", and cem	lan of 4 1/2" ent used on
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18. I hereby certify that the foregoing is true and correct SIGNED W. Mankler TITLE	Agent	DATE 8/29/85
(This space for Federal or State office use) Approved By Day Work Cities of Title	1.1.40 MEAULUS 表描序	DATE 10-1755
CONDITIONS OF APPROVAL, IF ANY:		