

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO

RECEIVED BY
OCT 17 1983
O. C. D.
ARTESIA OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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.)

| | |
|--|---|
| <p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- _____</p> <p>2. Name of Operator Rhymes Drilling Co., Inc.</p> <p>3. Address of Operator P.O. Box 729 Roswell, N.M. 88201</p> <p>4. Location of Well UNIT LETTER <u>C</u> <u>990'</u> FEET FROM THE <u>North</u> LINE AND <u>1650'</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>8 South</u> RANGE <u>29 East</u> N.M.P.M.</p> | <p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name O'Brien "19"</p> <p>9. Well No. #2</p> <p>10. Field and Pool, or Wildcat Twin Lakes SA Assoc.</p> <p>12. County Chaves</p> |
| <p>15. Elevation (Show whether DF, RT, GR, etc.) 3985.7 Gr.</p> | |

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____ <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <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.

10/09/83 Perforate @ 2659, 59.5, 61, 61.5, 62, 62.5, 63.5,
64, 65, 65.5, 66, 66.5, 67
Total 15 3/8" Holes
Acidize W/ 4,000 Gals. 20% NEFE Acid
Put on Pump 10/10/83

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

SIGNED B. S. Severed TITLE Operations Manager DATE 10/17/83

APPROVED BY Leslie A. Clements SUPERVISOR DISTRICT TITLE _____ DATE OCT 20 1983

CONDITIONS OF APPROVAL, IF ANY: