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LAND OFFICE	
OPERATOR	

RECEIVED

APR 9 1979

5a. Indicate Type of Lease
State Federal Fee

5. State Oil & Gas Lease No.
LC-030570-A

7. Unit Agreement Name
Grayburg Jackson S.A. *Ut.*

8. Farm or Lease Name

9. Well No.
12

10. Field and Pool or Whedout
Grayburg Jackson, GB-SA

12. 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.)

O. C. C.
ARTESIA, OFFICE

1. OIL WELL GAS WELL OTHER

2. Name of Operator
WINDFOHR OIL COMPANY ✓

3. Address of Operator
Box #198, Artesia, New Mexico 88210

4. Location of Well
UNIT LETTER M 660 FEET FROM THE south LINE AND 660 FEET FROM
THE west LINE, SECTION 13 TOWNSHIP 17S RANGE 30E NMPM.

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

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 JOB <input type="checkbox"/>	OTHER <u>Bradenhead to surface</u> <input checked="" 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.

Conventional bradenhead piped to surface with 2" valves.
Witnessed by: U.S.G.S. on Feb. 26, 1979.

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

SIGNED Rayford Starkey TITLE Production Superintendent DATE March 16, 1979

APPROVED BY Mike Walker TITLE OIL AND GAS INSPECTOR DATE APR 30 1979

CONDITIONS OF APPROVAL, IF ANY: