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

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 TO GO BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Ralph Nix ✓	8. Farm or Lease Name Elizabeth
3. Address of Operator P.O. Box 617, Artesia, New Mexico 88210	9. Well No. 4
4. Location of well UNIT LETTER <u>F</u> , <u>1650</u> FEET FROM THE <u>West</u> LINE AND <u>1650</u> FEET FROM THE <u>North</u> LINE, SECTION <u>7</u> TOWNSHIP <u>8S</u> RANGE <u>29E</u> N.M.P.M.	10. Field and Pool, or Wildcat Undes. Bull's Eye SA
15. Elevation (Show whether DF, RT, GR, etc.) 4082' GL	12. County Chaves

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"/> Perforating & Treatment

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.

7/29/80 Ran perforating gun & perforated 15 shots at the following intervals: 2674', 76', 77', 80', 88', 90', 91', 95', 96', 2700', 04', 06', 08', 14', 16',.

7/30/80 Treated with 1,500 gallons of 15% MCA acid. Maximum PSI-5,200, average PSI-3050, instant shut in pressure-1,500, 5 minute shut in-1,400.

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

SIGNED Ralph Nix TITLE Operations Manager DATE 8/6/80

APPROVED BY W.A. Gussert TITLE SUPERVISOR, DISTRICT II DATE AUG 11 1980

CONDITIONS OF APPROVAL, IF ANY: