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NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

MAR 22 1983

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

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.)

O. C. D.

ARTESIA, OFFICE

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator: Santa Rita Exploration, Corp. ✓	8. Farm or Lease Name: Moonshine 7 Batt.#2
3. Address of Operator: P.O. Box 798, Artesia, New Mexico 88210	9. Well No.: #3
4. Location of Well: UNIT LETTER <u>K</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>9S</u> RANGE <u>29E</u> NMPM.	10. Field and Pool, or Wildcat: Twin Lakes SA Assoc.
15. Elevation (Show whether DF, RT, GR, etc.): 3919 GR	12. County: Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Additional Perforations ☒

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.

5-17&18-82 Pulled rods and tubing and perforated 1 shot @ 2692,2693,2694, 2695, 2696 Total of 5 shots.

Ran tubing and packer to 2572; Acidized w/500 gals 7½% + 3000 gals 20% NE acid, all perfs 2667.5-2696.

Pulled tubing and packer--re-ran tubing and rods and returned to production.

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

SIGNED Dickie Seal TITLE Production Clerk DATE 3-10-83

APPROVED BY _____ TITLE Original Signed By DATE MAR 24 1983

CONDITIONS OF APPROVAL, IF ANY:

Leslie A. Clements
Supervisor District II