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OPERATOR		

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Moonshine 18	
9. Well No. #2	
10. Field and Pool, or Wildcat Twin Lakes-SA Assoc.	
12. County Chaves	

**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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Santa Rita Exploration Corporation
3. Address of Operator P. O. Box 798 Artesia, N.M. 88210
4. Location of Well UNIT LETTER <u>F</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>9S</u> RANGE <u>29E</u> NMPM.
15. Elevation (Show whether DF, RT, GK, etc.) 3958' GL

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"/> FULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <u>Re-acidized</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 1503.

10-27-82 Re-acidized with 4,000 gals. of 15% NEFE acid.

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

SIGNED <u>Sue Kelley</u>	TITLE <u>Production Clerk</u>	DATE <u>11-5-82</u>
APPROVED BY <u>Mr. W. W. W.</u>	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY: