NO. OF COPIES RECEIVED	3		RECEIVED	Form C-103			
DISTRIBUTION				Supersedes Olo	_		
SANTAFE	/		NEW MEXICO OIL CONSERVATION COMMISSION 78	C-102 and C-10 Effective 1-1-6	•		
FILE	/		MAY - 9 19/8		•		
U.S.G.S.				5a. Indicate Type	of Lease		
LAND OFFICE OPERATOR	7		a. c. c.	State X	Fee.		
OFERATOR	/		ARTESIA, DFFIGE	5. State Oil & Gas	Lease No.		
	51.18	VDB	Y NOTICES AND DEBORTS ON WELLS	minnik	mmm		
(DO NOT USE THIS FORM	A FOR	R PRO	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)				
			2	7. Unit Agreement	Name		
WELL ** WELL	$\sqcup$		OTHER-				
2. Name of Operator					Name		
J.B. Adamson // 3. Address of Operator					Double L. State		
Rt. 1,Box 202-J, Artesia, New Nexico. 88210					9. Well No.		
4. Location of Well					10. Field and Pool, or Wildcat		
UNIT LETTER 1 330 FEET FROM THE SOUTH LINE AND 2296 FEET FROM					Out of the day of the control of the		
UNIT LETTER FEET FROM THE LINE AND FEET FROM					Double L. Queen		
THE West LINE, SECTION 1 TOWNSHIP 158 RANGE 298 NMPM.							
	///	III	15. Elevation (Show whether DF, RT, GR, etc.)	12. County	VIIIIIIA		
	777	777	3888.5	Chaves	$V_{ij} = V_{ij} = V$		
(	Che	ck A	appropriate Box To Indicate Nature of Notice, Report or Ot	her Data			
NOTICE	E 01	F IN	TENTION TO: SUBSEQUEN	T REPORT OF:			
PERFORM REMEDIAL WORK							
TEMPORARILY ABANDON			PLUG AND ABANDON REMEDIAL WORK		G CASING		
PULL OR ALTER CASING			CHANGE PLANS CASING TEST AND CEMENT JOB		D ABANDONMENT		
			CHANGE PLANS CASING TEST AND CEMENT JOB OTHER	.1			
OTHER					L_J		
17 Describe Dranged on Con-	-1-4-	10-		***			
work) SEE RULE 1103.	orete	a Ope	erations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of st	arting any proposed		
Omilling O	<b></b> .	va a t	ions began on this well.				
Smidded we	ре. <b>11</b>	rat Ne	Spring Degation units well.				
Spudded well February 20, 1978.  Intention is to run 350 feet 8 5/8 in. since pipe.							
Will notify OCC whin pipe is cemented.							
18. I hereby certify that the info	orma	tion a	above is true and complete to the best of my knowledge and belief.				
OM I	. 4				-		
SIGNED // /	A	11/2	nson Owner-Operator	5-8-	·1978		
1.10	4	-3	DICTRICT II				
APPROVED BY	N	422	TITLE SUPERVISOR, DISTRICT II	DATE MAY	Y 1 1 1978		

CONDITIONS OF APPROVAL, IF ANY: