STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

40. 07 COPIED BECEIVED					
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
OPERATOR					

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OIL CONSERVATION DIVISION

SIGNED TO THE STATE OF THE STAT	VED BY JERRY SEXTOR	TITLE	Agent		MAY	2 1984
	10.		Agent		5/:	1/84
	,					
is, I hereby certify that the informati	ion above is true and com	plete to the best of	my knowledge and belie	·t.		
	•		•			•
						•
			.•			
Jo manuelly test						
surface. Plug do 30 minutes, test	wn 2:00 AM 4/25	/84. WOC 12	hours, tested o	casing wit	th 600# for	,
class "C", 1/4#	celoseal per sad	ck, 2% calci	um chloride. Ci	irculated	22 sacks to)
Spud 2:00 PM 4/2	1/18/ Comontad 1	3 3/8" 68#	K-55 casing at	368' with	400 sacks	
Work) SEE RULE 1603.						
17. Describe Proposed or Completed	Operations (Clearly state	all pertinent detail	ls, and give pertinent da	tes, including e	stimated date of s	tarting any proposed
OTHER						
PULL OR ALTER CASING	CHANGE	PLANS	CASING TEST AND CEMENT			
TEMPORABILY ASAHDON			COMMENCE DRILLING OPN		PLUG A	ND ABANDONMENT
PERFORM REMEDIAL WORK	PLUG A	ND ABANDON	REMEDIAL WORK		ALTERI	NG CASING
	INTENTION TO:				REPORT OF:	
16. Check	k Appropriate Box 7					
	15. Elevation (Show whether DF, RT, GR, etc.) 3943.1 GR				Lea	MIIIIII
mmmmm					12. County	<i>}}}}}}</i>
THE West LINE, SEC	T10N 2 T0V	INSHIP 11S	RANGE37E	НМРМ.		
UNIT LETTER K	1950 FEET FROM T	ME South	_ LINE AND1650	FEET FROM		
4. Location of Well				1	10. Field and Poo Echols De	
c/o Oil Reports & Gas	s Services. Inc.	Box 763. He	obbs, NM 88241		4	
Bliss Petroleum, Inc.					State "AR	
2. Name of Operator	011111		 		8. Farm of Lease	
OIL X SAS WELL	OTHER-				, om rycemen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SUNDRY NOTICES AND REPORTS ON WELLS 100 NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT REBERVOIR. 100 NOT USE TAPPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)					7. Unit Agreement	Name
STINL	DRY NOTICES AND F	EPORTS ON W	ELLS			
OPERATOR	J ·				S. State Oil & Gas LC-1796-1	Lease No.
U.S.G.S.					State X	F•• 🗍
FILE	- SANI	A FE, NEW N	MEXICO 87501	[a. Indicate Type	of Lease
DISTRIBUTION	P. O. BOX 2088				Form C-103 Revised 10-1-78	
we. or corice accrives		MOLKVAI	1014 D1 413101	•		Faco C-103