

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
LG 5182	

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 ☐ GAS WELL ☐ OTHER		7. Unit Agreement Name
2. Name of Operator		Echols State Unit
3. Address of Operator		8. Farm or Lease Name
105 South 4th St., Artesia, NM 88210		Echols State Unit
4. Location of Well		9. Well No.
UNIT LETTER <u>N</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM		10. Field and Pool, or Wildcat
THE <u>West</u> LINE, SECTION <u>9</u> TOWNSHIP <u>11S</u> RANGE <u>38E</u> NMPM.		E. Echols Devonian
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3898.6' GR		Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☒
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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.

Spudded 10" hole 12:00 PM 2-27-88 with Abbott Brothers Cable Tool
Notified Paul Kautz, NMOCD, Hobbs, NM, of spud.
2-27-88. Drilled 15', TD 15'
2-28-88. Drilled 7', TD 22'
2-29-88. Drilled 9', TD 31'

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

SIGNED Jerry Sexton TITLE Production Supervisor DATE 3-2-88

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE _____

MAR 4 - 1988

CONDITIONS OF APPROVAL, IF ANY: