|                            |   |   | ~   |  |
|----------------------------|---|---|---|--|
| NO. OF COPIES RECEIVED     |   |   |   | Form C-103                                     |
| DISTRIBUTION               |   |   |   | Supersedes Old                                 |
| SANTA FE                   | +++   | EW MEXICO OIL CONS  | ERVATION COMMISSION                                     | C-102 and C-103 Effective 1-1-65               |
| FILE                       |   |   |   |  |
| U.S.G.S.                   | +   |   |   | 5a. Indicate Type of Lease                     |
| LAND OFFICE                |   |   |   | State X Fee.                                   |
| OPERATOR                   |   |   |   | 5. State Oil & Gas Lease No.                   |
|                            |   |   |   | K-2573   |
| (DO NOT USE THIS F         | SUNDRY NOTICES ORM FOR PROPOSALS TO DRI E "APPLICATION FOR PERMIT | SAND REPORTS ON<br>LL OR TO DEEPEN OR PLUG E<br>-" (FORM C-101) FOR SUC | WELLS<br>ACK to A DIFFERENT RESERVOIR.<br>H PROPOSALS.) |  |
| OIL GAS                    |   |   |   | 7. Unit Agreement Name                         |
| 2. Name of Operator        |   | -   |   | 8. Farm or Lease Name                          |
| Ray Merris Expl            | oration Company   |   |   | Southern Petroleum State                       |
| 3. Address of Operator     |   |   |   | 9. Well No.                                    |
| c/e Oil Reports            | & Gas Services  | , Bex 763, Hobbi  | , New Mexico  | 1  |
| 4. Location of Well        | <u> </u>  |   |   | 10. Field and Pool, or Wildcat                 |
| UNIT LETTER K              | 1980 FEE  | ET FROM THE South   | LINE AND FEET   | Chaveree San Andres                            |
|                            | LINE, SECTION   |   |   | NMPM.  |
| 1 NE                       |   |   |   |  |
|                            | 15.   | Elevation (Show whether   |   | 12. County Chaves                              |
| 16.                        |   |   | Nature of Notice, Report o                              | r Other Data<br>JENT REPORT OF:                |
| NOT                        | ICE OF INTENTION  | 10:   | ) SUBSEQU   | JENT REPORT OF.                                |
| PERFORM REMEDIAL WORK      | $\neg$  | PLUG AND ABANDON  | REMEDIAL WORK   | ALTERING CASING                                |
| TEMPORARILY ABANDON        | _   |   | COMMENCE DRILLING OPNS.                                 | PLUG AND ABANDONMENT                           |
| PULL OR ALTER CASING       |   | CHANGE PLANS  | CASING TEST AND CEMENT JQB                              | 4  |
| OTHER                      |   |   | OTHER   |  |
| 17. Describe Proposed or C |   | arly state all pertinent det  | ails, and give pertinent dates, inc.                    | luding estimated date of starting any proposed |
| ,<br>                      | uddad 11 <sup>M</sup> bala l                                      | -00 PM 3/12/69.   | Cemented 8 5/8" 20                                      | H-40 casing                                    |
| At                         | 372 feet KB mea   | surement with 1   | 50 sacks Incor Neat. /20/69. WOC 78 hours               | Cement   |
| Cai                        | sing with 600# f  | or 30 minutes,  | test O.K.   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |

| 18. I hereby certify that the information above is true and complet | e to the best of my knowledge and belief. |       |                  |
|---|---|-------|------------------|
| SIGNED A. X & much  | TITLE Agent                               | DATE_ | 3/27/69          |
| APPROVED BY MELLINGS  | TITLE                                     | DATE_ | Part of the same |
| CONDITIONS OF APPROVAL, IF ANY:                                     |   |       |                  |