NO. OF COPIES RECEIVED				Form C-103			
DISTRIBUTION				Supersedes Old C-102 and C-103			
SANTA FE			NEW MEXICO OIL CONSERVATION COMMISSION Effective 1-1-65				
FILE							
U.S.G.S.				•	5a. Indicate Type of		
LAND OFFICE					State	Fee X	
OPERATOR					5. State Oil & Gas L	_ease No.	
					\		
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.)					7. Unit Agreement Name		
OIL X GAS WELL			OTHER-				
2. Name of Operator						8. Farm or Lease Name	
JOSEPH I. O'NEI	ORA JACKSON						
3. Address of Operator	9. Well No. 2						
P. O. BOX 2840,							
4. Location of Well	10. Field and Pool, or Wildcat						
UNIT LETTER N	SCHARB						
THE SOUTH							
mmmm	12. County	<i>++++++</i>					
	LEA						
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data							
NOTI			NTENTION TO:		T REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					ALTERING CASING		
						PLUG AND ABANDONMENT	
TEMPORARILY ABANDON	4		CHANGE PLANS	CASING TEST AND CEMENT JOB	FE00 X45	ABARDORMENT L	
PULL OR ALTER CASING	ا_		CHANGE PLANS	1			
				OTHER			
OTHER				1			
17. Describe Proposed or Co	omple	ted O	perations (Clearly, state all pertinent de	tails, and give pertinent dates, including	s estimated date of sta	irting any proposed	
work) SEE RULE 1103.			,				
12-17-82 Spud set a	5:3 it 4	0 A 68'	.M. TD 468', run 11 jts . Cement with 425 sx C1	13-3/8", 48#, H-40 casi ass C + 2% Cacl. Cement	ng. Total pi circulated.	pe 492',	
12-18-82 Plug O.K.	dow	n 8	:50 PM. Test casing 500	psi; O.K. Nipple up BO	P, test BOP 70	00 psi;	
				·			
18. I hereby certify that the	infor	matio	n above is true and complete to the best	of my knowledge and belief.			
~	, 1	Λ					
DETROLEUM ENGINEER						DATE 12-21-82	
SIGNED CONTRACTOR	_	X					
ONIGINAL SIGNED BY					$C_{i,j}$ $i^*$ $\mathfrak{H}$	7 1982	
APPROVED BY		JER	PY CEXTON TITLE		DATE	1 1205	

JERRY SEXTON

CONDITIONS OF APPROVAL, ICHN WCT 1 SUPR.

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