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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease 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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Summit Energy, Inc.		8. Farm or Lease Name A. M. Drinkard
3. Address of Operator 112 N. First, Artesia, New Mexico 88210		9. Well No. 18
4. Location of Well UNIT LETTER <u>I</u> <u>2054</u> FEET FROM THE <u>South</u> LINE AND <u>658.8</u> FEET FROM THE <u>East</u> LINE, SECTION <u>30</u> TOWNSHIP <u>22S</u> RANGE <u>38E</u> NMPM.		10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3381 GR		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

Summit Energy, Inc., intends to pull tubing and packer. Run Gamma-Neutron Log. Set Retrievable Bridge Plug at approx. 6700'. Squeeze existing Tubb perfs. (6128-6177) with cement. Drill out cement and perf Upper Drinkard. Approx. (6300-6500) Treat and test Upper Drinkard.

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

SIGNED <u>Paul White</u>	TITLE <u>Division Engineer</u>	DATE <u>4/27/76</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		