

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-73

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
<b>B-229</b>	

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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator <b>Sam D. Ares</b>		8. Farm or Lease Name <b>Arnett Ramsay "A"</b>
3. Address of Operator <b>c/o Oil Reports &amp; Gas Services, Inc., Box 763, Hobbs, New Mexico 88240</b>		9. Well No. <b>5</b>
4. Location of Well UNIT LETTER <b>G</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>2</b> TOWNSHIP <b>25E</b> RANGE <b>36E</b> RMPM.		10. Field and Pool, or Wildcat <b>Jalnet</b>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <b>Lea</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Return to production** ☒

ALTERING CASING ☐  
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.

**Well returned to production 4/1/79. 4/24/79 flowed 17 MCF gas, trace oil, no water in 24 hours thru 14/64" choke.**

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

SIGNED *[Signature]* TITLE Agent DATE 6/26/79

Orig. Signed by  
Jerry Sexton

APPROVED BY Dist 1, Supv. TITLE \_\_\_\_\_ DATE JUN 27 1979

CONDITIONS OF APPROVAL, IF ANY: