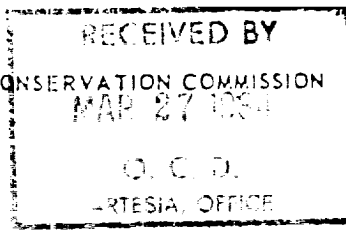


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FIELD OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION



Form C-103
Supersedes Old
C-102 and C-105
Effective 1-1-85

5a. Indicate Type of Lease
State Fee

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.)

OIL WELL GAS WELL OTHER- **STRATIGRAPHIC TEST HOLE**

Name of Operator
Cibola Energy Corporation ✓

Address of Operator
P. O. Box 1668, Albuquerque, New Mexico 87103

Location of Well
UNIT LETTER **J** **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM
THE **East** LINE, SECTION **10** TOWNSHIP **10S** RANGE **28E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Cibola

9. Well No.
34-J

10. Field and Pool, or Wildcat
N/A

12. County
Chaves

15. Elevation (Show whether DF, RT, GR, etc.)

3789.0

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input 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 checked="" type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

3/19/82 TD at 685'.

3/19/82 Pumped in 20 sacks Class "C" Cement at top of Yates 665'.
A 5 sack plug was placed at surface. The location was cleaned.

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

SIGNED Karen Azar TITLE Drilling Secretary DATE 12-08-83
Original Signed by
 BY Leslie A. Clements TITLE SUPERVISOR, DISTRICT II DATE AUG 31 1983
 RECEIVED BY Supervisor District II TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: