

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

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. Type of Well: ☐ OIL WELL ☒ O. C. GAS WELL ☐ ARTESIA, OFFICE ☒ OTHER MINERAL EXPLORATION DRILL HOLE

2. Name of Operator GOLD FIELDS MINING CORP

3. Address of Operator 200 UNION BLVD, LAKEWOOD, CO 80228

4. Well Location
Unit Letter _____ : 700 Feet From The NORTH Line and 1900 Feet From The WEST Line

Section 28 Township 11S Range 27E NMPA CHAVEZ County

10. Elevation (Show whether DF, RAB, RT, GR, etc.)
3715' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

Total Depth: 700 feet, vertical

Hole Dimensions: 7 inch casing to 40 feet; 5 inch hole diameter to T.D.

Water-Bearing Strata: Minor water at 190 feet; water did not flow at surface

Plugging: Date - October 13, 1988; well plugged from T.D. to surface with mud; mud type - Gel Pac; 10 minute gel strength - 23 lbs./100 sq. ft.; filtrate volume (API) - 13.0 cc

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

SIGNATURE Michael B. Thomsen TITLE SULPHUR MANAGER DATE 6/15/89

TYPE OR PRINT NAME MICHAEL B THOMSEN

TELEPHONE NO. (303) 988-0360

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: