

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

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

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

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

WELL API NO. 53-205-63530
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name STATE SULPHUR LEASE # M-4531
8. Well No. H#1
9. Pool name or Wildcat WILDCAT
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3432' GR

RECEIVED (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: MIN 1989 OIL ☐ GAS ☐ WELL ☐ WELL ☐ MINERAL EXPLORATION OTHER DRILL HOLE	2. Name of Operator O.C. D. GREENFIELD MINING CORP.
3. Address of Operator 200 UNION BLVD, LAKEWOOD, CO 80228	
4. Well Location Unit Letter : 800 Feet From The EAST Line and 200 Feet From The SOUTH Line Section 16 Township 14 S Range 27 E NMEM CHAVES County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3432' GR	

11.

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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: 689 feet, vertical

Hole Dimensions: 8 3/4 inch hole and 7 inch casing to 62 feet; 5 inch hole to T.D.

Water-Bearing Strata: No water encountered

Plugging: Date - November 14, 1988; well plugged from T.D. to surface with mud; mud type - Gel Pac; 10 minute gel strength - 18 lbs./100 sq. ft.; filtrate volume (API) - 12.8 cc

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

SIGNATURE Michael B. Thumson TITLE SULPHUR MANAGER DATE 6/15/89
TYPE OR PRINT NAME MICHAEL B. THUMSON TELEPHONE NO. (303) 988-0360

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: