

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 ☐
Name of Operator AMERICAN EXPLORATION CO. (Formerly TESORO PETROLEUM CORP)
Address of Operator STAR RT 2, CUBA, NM 87013
Location of Well L 330 FEET FROM THE WEST LINE AND 5040 FEET FROM THE South LINE, SECTION 7 TOWNSHIP 17N RANGE 8W NMPM.

7. Unit Agreement Name
8. Farm or Lease Name SANTA FE
9. Well No. 8
10. Field and Pool, or Wildcat SOUTH HOSPAN lower Sand
12. County McKINLEY

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

7018' GL

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

NOTICE OF INTENTION TO:

REFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
REPAIR OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Propose to deepen well an additional 8' in the lower HOSPAN Reservoir to 1676' GL. Also perforate an additional 5' in the same formation that is behind csg. Well will be completed open hole as well.

Propose to do this workover beginning on 8/29/88

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

Signed by Charles Gholson TITLE Production Foreman DATE 8/23/88

Original Signed by CHARLES GHOLSON
Original Signed by CHARLES GHOLSON

APPROVED BY _____

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #

DATE SEP 21 1988

CONDITIONS OF APPROVAL, IF ANY: