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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection Well</u>		7. Unit Agreement Name
2. Name of Operator <u>Chaco Oil Company</u>		8. Farm or Lease Name <u>Santa Fe Pacific RR</u>
3. Address of Operator <u>P.O. Box 537, Farmington, New Mexico 87401</u>		9. Well No. <u>I-18</u>
4. Location of Well UNIT LETTER <u>C</u> <u>90</u> FEET FROM THE <u>North</u> LINE AND <u>2410</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>20N</u> RANGE <u>9W</u> NMPM.		10. Field and Pool, or Wildcat <u>McKinley</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>6444 GR</u>		12. County <u>McKinley</u>

16. 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

This well was plugged and abandoned by Henry Birdseye in 1967+. Dry-hole marker is set and the well inspected by NMOCC personnel. This Form 103 will complete the file on this well.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>Mark E. Woodruff</u>	TITLE <u>Agent</u>	DATE <u>5/31/79</u>	
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT # 3</u>	DATE <u>JUN 8 1979</u>	
CONDITIONS OF APPROVAL, IF ANY:			