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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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Henry S. Birdseye	8. Farm or Lease Name Santa Fe Railroad
3. Address of Operator P. O. Box 8294, Albuquerque, N. M. 87108	9. Well No. 4
4. Location of Well UNIT LETTER <u>P</u> <u>165</u> FEET FROM THE <u>South</u> LINE AND <u>565</u> FEET FROM THE <u>East</u> LINE, SECTION <u>21</u> TOWNSHIP <u>20N</u> RANGE <u>9W</u> NMPM.	10. Field and Pool, or Wildcat Chaco Wash MV
15. Elevation (Show whether DF, RT, GR, etc.) 6405 GR e.	12. County McKinley

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input checked="" type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input checked="" 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.

Well was spudded 6-2-68 and drilled 5-1/8" hole to T.D. 340'.  
Reamed to 7-7/8", and cemented 5 1/2" 13# used casing at 308' with 25 sacks.  
Tested casing @ 600 p.s.i. for 30 minutes: O.K.



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

SIGNED <u>Henry S. Birdseye</u>	TITLE <u>Operator</u>	DATE <u>11-1-68</u>
APPROVED BY <u>Quincy C. Ames</u>	TITLE <u>SUPERVISOR DIST. #3</u>	DATE <u>NOV 27 1968</u>
CONDITIONS OF APPROVAL, IF ANY:		