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LAND OFFICE	
OPERATOR	1

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.	
7. Unit Agreement Name	
8. Farm or Lease Name Santa Fe Pac R R	
9. Well No. 17-1	
10. Field and Pool, or Wildcat Wildcat	
12. County McKinley	

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 ☐ GAS WELL ☐ OTHER- Dry Hole

2. Name of Operator
Henry S. Birdseye

3. Address of Operator
P. O. Box 8294, Albuquerque, N. M. 87108

4. Location of Well
UNIT LETTER G, 1655 FEET FROM THE North LINE AND 1865 FEET FROM
THE East LINE, SECTION 17 TOWNSHIP 17N RANGE 9W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6956 GR

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.

Well was plugged 5-28-68 as follows:

15 sacks 1550-1700
5 sacks 650-750
5 sacks at surface, with steel marker.
9.-lb. mud between plugs



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

SIGNED <u>MB Birdseye</u>	TITLE <u>Operator</u>	DATE <u>5-29-68</u>
APPROVED BY <u>Emmy C. Lueders</u>	TITLE <u>Sup Dist III</u>	DATE <u>6-3-68</u>
CONDITIONS OF APPROVAL, IF ANY:		