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LAND OFFICE	
OPERATOR	3

# 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	
Fernandez	
9. Well No.	
3	
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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

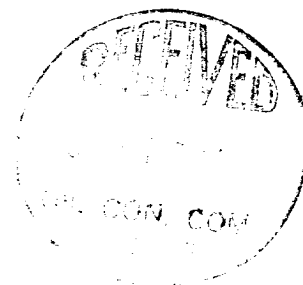
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	2. Name of Operator	3. Address of Operator	4. Location of Well
	Beard Oil Co. (c/o C. C. Kennedy)	1249 Chaco Ave., Farmington, New Mexico 87401	UNIT LETTER J, 2310 FEET FROM THE South LINE AND 3180 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 14N RANGE 8W NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)			
7057 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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

TD 955,  
Ran 30 joints, 4½ casing, 946.8', set at 946',  
cemented with 25 sacks, by HOWCO, plug down 11:30 AM, 1-4-1969,  
WOC 48 hours, Job O.K.



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

Original Signed By:		DATE	
SIGNED	CLAUDE C. KENNEDY	TITLE	Operating Agent
APPROVED BY		DATE	
[Signature]		1-15-1969	
CONDITIONS OF APPROVAL, IF ANY:		SUPERVISOR DIST. #3	
		JAN 17 1969	