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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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No.	
10. Field and Pool, or Wildcat	
12. County	

**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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Strat Test</b>
2. Name of Operator <b>Roy Nidal</b>
3. Address of Operator <b>c/o H N Shillander 414 1/2 Central SE Albuquerque N M</b>
4. Location of Well UNIT LETTER <b>K</b> , <b>2500</b> FEET FROM THE <b>West</b> LINE AND <b>1575</b> FEET FROM THE <b>South</b> LINE, SECTION <b>4</b> TOWNSHIP <b>15 N</b> RANGE <b>6W</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>Richfield plus 25 ft 6L</b>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input checked="" type="checkbox"/>	OTHER <input checked="" 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.

**Bad weather shut down operations. Plan to continue testing next Spring when good weather assured. Location 25 miles N of San Mateo over dirt roads.**



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

SIGNED *H N Shillander* TITLE **H N Shillander, Agent** DATE **12 10 69**

APPROVED BY *C. J. ...* TITLE *Sup. Dist. III* DATE **12 - 15 - 69**

CONDITIONS OF APPROVAL, IF ANY: