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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	
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- P & A
2. Name of Operator NORTHERN MINERALS, INC.
3. Address of Operator 143 RIO VISTA PL., SANTA FE, NEW MEXICO 87501
4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 16N RANGE 9W NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 6829' Gr.

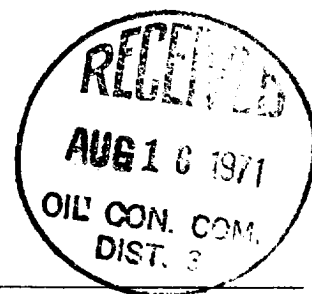
McKinley

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 checked="" 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 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.

It is intended to plug and abandon this well,
with plugs set at the following depths:
1995'-2045', 1345'-1395', 555'-605' and 50' in
surface.



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

SIGNED <u><i>W. D. Frutkin</i></u>	TITLE <u>Agent</u>	DATE <u>8/15/71</u>
APPROVED BY <u><i>Edmund Clavel</i></u>	TITLE <u>Sup Dist III</u>	DATE <u>8-16-71</u>
CONDITIONS OF APPROVAL, IF ANY:		