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U.S.G.S.		
LAND OFFICE		
OPERATOR	4	

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease		
State ☐		Fee ☒

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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator
Shar-Alan Oil Corporation

8. Farm or Lease Name
Fernandez

3. Address of Operator
4101 E. Louisiana Ave., Denver, Colorado   80222

9. Well No.
8

4. Location of Well

UNIT LETTER **F** , **1780** FEET FROM THE **North** LINE AND **1780** FEET FROM

THE **West** LINE, SECTION **8** TOWNSHIP **14N** RANGE **7W** NMPM.

10. Field and Pool, or Wildcat
Wildcat

15. Elevation *(Show whether DF, RT, GR, etc.)*
6831' Gr.

12. County
McKinely

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐
OTHER _____ ☐			

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.

Fernandez NO. 8 Was plugged as follows:

> **Dakota - 2630' to 2679'**
> **2400' to 2450'**

> **Massive Gallup - 1550' to 1700'**

> **Surface - 1000' to 1050'**

Land owner to complete well for use as water well.

Well inspe. from 3-16-72
Cased / flowing est 10 gal water/min

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

SIGNED ___(signature)___   TITLE **Production Manager**   DATE **3-3-72**

APPROVED BY ___(signature)___   TITLE **SUPERVISOR DIST. #3**   DATE **3-16-72**

CONDITIONS OF APPROVAL, IF ANY: