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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 Farris
9. Well No. 3
10. Field and Pool, or Wildcat Seven Lakes
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Farris Mines
3. Address of Operator Box 687, Grants, New Mexico 87020
4. Location of Well UNIT LETTER P , 330 FEET FROM THE South LINE AND 980 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 18N RANGE 10W NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 6542 CL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Change # of well from 1A to #3 <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.

This well formerly Farris 1A. In compliance with request by Commission we are changing the well number to Farris #3. Pumped cement plug through drill stem from 440' back to 360'. Drilled plug back to 390'. After 60 days hole was completely dry. Well was then completed as described on forms C104 and C105 of this date.

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

SIGNED <u>Quincy R Farris</u>	TITLE <u>Partner</u>	DATE <u>10-11-74</u>
APPROVED BY <u>Emmy C. Cline</u>	TITLE <u>STAFF</u>	DATE <u>OCT 15 1974</u>

CONDITIONS OF APPROVAL, IF ANY: