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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.	

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"/>		7. Unit Agreement Name	
2. Name of Operator Fairfax Exploration Inc.		8. Farm or Lease Name Bullseye	
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108		9. Well No. 1	
4. Location of Well UNIT LETTER B, 760 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 16 N RANGE 10 W NMPM.		10. Field and Pool, or Wildcat Wildcat	
15. Elevation (Show whether DF, RT, GR, etc.) 7255 Ground		12. County McKinley	

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 checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Commenced Drilling

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.

Commenced Drilling 9:00 A.M. Tuesday, May 21, 1974.



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

SIGNED Gene M. Wilson TITLE President DATE _____

APPROVED BY Emmy Lane TITLE SECRETARY DATE AUG 5 1974

CONDITIONS OF APPROVAL, IF ANY: