

NEW MEXICO OIL CONSERVATION COMMISSION

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 2000 UNIVERSITY BLVD
 ALBUQUERQUE, N.M. 87102
 (505) 762-2000

| | |
|--------------------|--|
| OPERATOR | |
| DISTRIBUTION | |
| DATE | |
| TIME | |
| NO. OF WELLS | |
| ADDRESS AND OFFICE | |
| OPERATOR | |

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR OPERATIONS REPORTS ON WELLS WHICH ARE SUBJECT TO THE OIL CONSERVATION COMMISSION'S REGULATION 11.03.01. USE THAT FORM INSTEAD.

1. OPERATOR OTHER **XX**

2. OPERATOR NAME **NA**

3. OPERATOR ADDRESS **NA**

4. OPERATOR CITY **NA**

5. OPERATOR STATE **NA**

6. OPERATOR ZIP **NA**

7. OPERATOR PHONE **NA**

8. OPERATOR TITLE **T. Drought**

9. OPERATOR WELL NO. **#1**

10. OPERATOR WELL NAME **Miguel Creek Gallup**

11. COUNTY **McKinley**

Capital Oil & Gas Corporation

P. O. Box 2130 Kilgore, Texas 75662

UNIT LETTER **A** **330** FEET FROM THE **North** LINE AND **660** FEET FROM THE **East** LINE. SECTION **4** TOWNSHIP **15N** RANGE **6N** COUNTY **McKinley**

15. Elevation (Show whether LF, RT, GR, etc.) **6633**

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

| | | | |
|---|---|---|--|
| PERFORM REEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/> | ALTER WELL NAME <input type="checkbox"/> |
| REPAIRABLY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPERATIONS <input type="checkbox"/> | REASSIGN ASSESSMENT <input type="checkbox"/> |
| PLUG OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |

16. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated time of starting any proposed work) SEE RULE 1103.

1. Pump 150 diesel down tubing. 7-15-83
2. Shut in
3. Run in hole with 5/8 rods and pump 7-24-83
4. Put well on pump 7-30-83
5. W/O well to stabilize for test.

RECEIVED
 AUG 29 1983
 OIL CON. DIV.
 DIST. 3

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

SIGNED Darryl Blanks TITLE Vice President DATE 8-9-83

APPROVED BY Original Signed by FRANK T. HAVAZ TITLE SUPERVISOR DISTRICT # 3 DATE AUG 29 1983

CONDITIONS OF APPROVAL, IF ANY: