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DISTRIBUTION	 							and C-103		
SANTA FE	 	NE	W MEXICO C	III. CONS	ERVATION COM	MISSION	Effecti	Ive 1-1-65		
FILE	1-1-1						Sa. Indicat	te Type of Lease		
U.S.G.S.							State			
LAND OFFICE OPERATOR								Il & Gas Lease No.		
OFERRIOR										
SUNDRY NOTICES AND REPORTS ON WELLS 100 HOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)										
1. OIL X GAS WELL		0THER-				, .	7. Unit Aq	reement Name		
2. Name of Operator							1	Lease Name		
Fairfax Exploration, Inc. 3. Address of Operator								seye		
301-B Gracela	nd S.E.	Al	buquerque	e, New	Mexico 87	108	10			
4. Location of Well						2210	10. Field	and Pool, or Wildea	1	
UNIT LETTERO		PEET	FROM THE	South	LINE AND	2310	PROM	mmm.	m	
Faet	;	10		168	, RANGE	9W			111111	
THE LAST L	INE, SECTION		TOWNSHIP	TOM	RANGE		umam: []]]]		111111	
	TITTE	15.1	Elevation (Sho	w whether	DF, RT, GR, etc.,)	12. Count	,,,,,,,,,,,,,,,	<i>HH</i>	
			7:	2 <u>11</u> G	R	·	McKin	ley		
16.	Check Ap	propriate	Box To Inc	dicate N	ature of Notic	ce, Report o	or Other Data			
		ENTION T		1		-	UENT REPOR	T OF:		
_	٦					_	٦			
PERFORM REMEDIAL WORK	1		PLUS AND ASA	HDOH []	REMEDIAL WORK	Ĺ		ALTERING CABING	닏	
TEMPORARILY ASANDON	1				COMMENCE DRILL	_	4	PLUS AND ASANDONA	48HT []	
PULL OR ALTER CABING .	J		CHANGE PLANS	, []	CABING TEST AND	CEMENT JOB	_			
OTHER					OTHER					
										
17. Describe Proposed or Conwork) SEE RULE 1703.	mpleted Oper	ations (Clear)	ly state all pe	rtinent deta	ile, and give pert	inent dates, inc	luding estimated o	late of starting any	proposed	
•					1 . 1					
	Comp	nenced Dr	illing a	t 10:45	A.M. Tues	Sept. 25	1979			
1					rom Mr. Fra					
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18. I hereby certify that the is	nformaylon at	ipra falkrup aj	nd complete to	the best o	f my knowledge a	nd belief.				
18. I hereby certify that the is	nformaylon st	fva føkrup aj	nd complete to	the best o	f my knowledge a	nd belief.	·			
18. I hereby certify that the is	nformaylon at	fra (s/m. s	nd complete to	the best o	f my knowledge a	nd belief.	OATE	Sept. 26,	1979	
18. I hereby certify that the is	ndormayldn st	fre løkrup e	nd complete to	the best c		nd belief.	DATE_	Sept. 26,	1979	

CONDITIONS OF APPROVAL, IF ANYI