

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. LG-3702-1	
7. Unit Agreement Name	
8. Farm or Lease Name Hogan State	
9. Well No. 2	
10. Field and Pool, or Wildcat Wildcat	
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 ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Gila Exploration, Inc.

3. Address of Operator
839 Paseo de Peralta, Suite J Santa Fe, NM 87501

4. Location of Well
UNIT LETTER B 699 FEET FROM THE North LINE AND 1568 FEET FROM
THE East LINE, SECTION 16 TOWNSHIP 18N RANGE 12W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6435 Ground Level

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input 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.

4/12/86- Tested Casing to 600 PSI for 30 minutes: O.K.
Perforated 4 SPF 1144-1147'.
Shut well in while waiting on pump.

4/17/86- Ran 2 7/8" 6.5# tubing and set pump @ 1086' GL.
Commenced pumping through test tank to clean up well.

RECEIVED
APR 28 1986
OIL CON. DIV.
DIST. 3

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

Signed M. Chavez Title Vice President Date April 24, 1986

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____ TITLE _____ DATE APR 28 1986

CONDITIONS OF APPROVAL, IF ANY: