

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fee ☒
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 ☐ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Black Oil, Inc.	8. Firm or Lease Name NMALCO
3. Address of Operator P.O. Box 537, Farmington, NM 87499	9. Well No. 2
4. Location of well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>20N</u> RANGE <u>12W</u> N.M.P.M.	10. Field and Pool, or Wildcat Wildcat
11. Elevation (Show whether DF, RT, GR, etc.)	12. County

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

13. 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.

We plugged and abandoned this well on May 14th, 1986 with cement plugs from 2450' to 1820', 1260' to 1065', 300' to 200', and a 10 sx surface plug. We have installed a dry hole marker. The location will be reclaimed as soon as the pits are dry.

RECEIVED
MAY 27 1986
OIL CON. DIV.

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

SIGNED Charles Gholson TITLE President DATE 5/15/86

Original Signed by CHARLES GHOLSON

APPROVED BY DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE MAY 11 1986

CONDITIONS OF APPROVAL, IF ANY: