

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator Black Oil, Inc.			8. Farm or Lease Name NMACO GURLEY
Address of Operator P.O. BOX 537, Farmington, N.M. 87499			9. Well No. 3
Location of Well UNIT LETTER <u>P</u> <u>826</u> FEET FROM THE <u>south</u> LINE AND <u>330</u> FEET FROM THE <u>east</u> LINE, SECTION <u>9</u> TOWNSHIP <u>20N</u> RANGE <u>12W</u> NMPM.			10. Field and Pool, or Wildcat Nose Rock-Hospah ext.
15. Elevation (Show whether DF, RT, GR, etc.) 6139 GA			12. County McKinley

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 checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
ILL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Due to field evaluation we have not drilled subject well. We wish to extend our permit to drill for six months.

RECEIVED
OCT 05 1988
OIL CON. DIV.
DIST.

Approval Expires 4-5-89

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

Signed by [Signature] TITLE President DATE 10-3-88

COPIES OF APPROVAL, IF ANY: _____ TITLE _____ DATE _____