

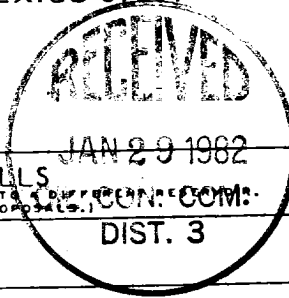
OIL CONSERVATION DIVISION

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- <u>Drill Hole</u>		7. Unit Agreement Name
2. Name of Operator <u>Associated oil & Gas of New Mexico Inc</u>		8. Farm or Lease Name <u>11611</u>
3. Address of Operator <u>137 Panhandle Pluggers Pamp Tx Box 742</u>		9. Well No. <u>1</u>
4. Location of well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>2015</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>14</u> TOWNSHIP <u>12 N</u> RANGE <u>6 E</u> NMPM.		10. Field and Pool, or Wildcat <u>Wildcat</u>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <u>Sandoval</u>

16. 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 JOB ☐	OTHER ☐

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.

1-26-82
Cleaned out Hole to 324 ft, Drilling Rod
Bed. No Foundation That hole was over and deeper,

1-27-82
Ran 2 3/4 Tubing to 324 ft, pumped 40 SK
Cement. 390 CR, waited 4-6 hr & Tagged top cement at
126 ft. Filled hole with cement from 126' to 5' up
25 SK, put in Dry hole Marker.

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

SIGNED Don F. Hall TITLE operator DATE 1-27-82

APPROVED BY Charles A. Hall TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: