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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
30-045-22622

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - A" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Dome Petroleum Corporation	8. Farm or Lease Name Santa Fe 20-21-8
3. Address of Operator Minerals Management Inc., Suite 105, 501 Airport Drive, Farmington, New Mexico 87401	9. Well No. 5
4. Location of Well UNIT LETTER <u>A</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>21N</u> RANGE <u>8W</u> NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 6568' GR, 6580' KB	12. County San Juan

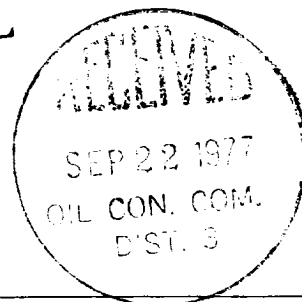
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <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 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.

Please cancel Application to Drill submitted June 21, 1977.

The location has not been built and will not require restoration.

CONFIDENTIAL



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>[Signature]</u>	TITLE <u>Area Manager</u>	DATE <u>9-21-77</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>MINERALS DIST. AS</u>	DATE <u>9-22-1977</u>
CONDITIONS OF APPROVAL, IF ANY:		