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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 checked="" type="checkbox"/> Fee <input 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator KIMBARK OPERATING COMPANY 3. Address of Operator 808 Lincoln Tower Bldg. - 1860 Lincoln - Denver, Colo. 80203 4. Location of Well UNIT LETTER _____, 790 FEET FROM THE East LINE AND 940 FEET FROM THE South LINE, SECTION 32 TOWNSHIP 25N RANGE 7W NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 6716 KB 6704 GR	7. Unit Agreement Name 8. Farm or Lease Name Palluche-State 9. Well No. 1 10. Field and Pool, or Wildcat Ballard 12. County Rio Arriba
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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 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 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.

Ran 2 7/8" - 6.4# Tubing for casing set at 2372'
Cemented with 100 sacks cement

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

SIGNED Gary Campbell TITLE Secretary DATE 2-15-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: