

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30 045 27209
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B 10894
7. Lease Name or Unit Agreement Name Yomamasan
8. Well No. 1
9. Pool name or Wildcat Bisti Lower Gallup
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6445' GLE

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Giant Exploration & Production Co.
3. Address of Operator P.O. Box 2810, Farmington, N.M. 87499	4. Well Location Unit Letter N : 740 Feet From The South Line and 1820 Feet From The West Line Section 32 Township 25N Range 11W NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6445' GLE	

11. 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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

12. 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.

Acidized Gallup perforations (4766' - 4776') with 36 bbls
(1512 gallons) of 15% HCL acid. Well returned to
production.

RECEIVED
SEP 12 1990
OIL CON. DIV.
DIST. 3

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

SIGNATURE Aldrich L. Kuchera TITLE President DATE SEP 11 1990
TYPE OR PRINT NAME Aldrich L. Kuchera TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE SEP 13 1990
CONDITIONS OF APPROVAL, IF ANY: