Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-039-24053

5. Indicate Type of Lease STATE ☐ FEE ☐

6. 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.)

7. Lease Name or Unit Agreement Name: EL VADO #2

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No. 2

2. Name of Operator: A. L. DAWSEY

9. Pool name or Wildcat: EAST PUERCO CHIQUITO EXT

3. Address of Operator: P. O. BOX 51, FARMINGTON, NM 87499

4. Well Location
Unit Letter I : 1770 Feet From The FSL Line and 970 Feet From The FEL Line

Section 11 Township 27N Range 1E NMPM RIO ARRIBA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			

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.

R.U. SERVICE UNIT, NDWH, NUBOP
TRIP IN HOLE WITH TUBING TAG @1436'
BROKE CIRCULATION, RUN 56 CU.FT. (47sk) CEMENT TOH WITH TUBING
TAG PLUG @ 905' CASING WILL NOT TEST CIRCULATED HOLE APROX. 200'±
PERF. @ 350', PUMPED 112 CU.FT. (95sk) CEMENT CIRCULATED
ERECTED DRY HOLE MARKER AND RESTORED LOCATION WELL COMPLETED

PLUGGED UNDER EMNRD-OCD CONTRACT # 96-521.25-032

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

SIGNATURE John Cunningham TITLE OWNER DATE 2/15/96

TYPE OR PRINT NAME JOHN CUNNINGHAM/DBA J.C. WELL SERVICE TELEPHONE NO. 327-99

(This space for State Use)

APPROVED BY Jerry Sexton TITLE Deputy O&G Inspector DATE 2-19-96

CONDITIONS OF APPROVAL, IF ANY:

ALANA 1
N 11 27N 01E
30-039-23370
511/S 2144/W
P