

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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. E-6634	
7. Unit Agreement Name	
8. Farm or Lease Name Schultz State	
9. Well No. 12A	
10. Field and Pool, or Wildcat Blanco Mesa Verde	
12. County San Juan	

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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER-
Name of Operator El Paso Natural Gas Company		
Address of Operator PO Box 4289, Farmington, NM 87499		
Location of Well UNIT LETTER <u>F</u> <u>2025</u> FEET FROM THE <u>North</u> LINE AND <u>1350</u> FEET FROM <u>West</u> <u>16</u> LINE, SECTION <u>27N</u> TOWNSHIP <u>8W</u> RANGE <u>8W</u> NMPM.		

15. Elevation (Show whether DF, RT, GR, etc.)

6068' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
 TEMPORARILY ABANDON ☐
 PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
 CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
 COMMENCE DRILLING OPNS. ☐
 CASING TEST AND CEMENT JOBS ☐
 OTHER ☐

ALTERING CASING ☐
 PLUG AND ABANDONMENT ☐

7. 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 extend our Application for Permit to Drill this well.

Extension Expires 4-25-86

RECEIVED
 NOV 07 1985
 OIL CON. DIV.
 DIST. 3

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

Drilling Clerk

11-6-85

SIGNED Peggy L. Dahl

TITLE

DATE

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 2

DATE

NOV 07 1985

CONDITIONS OF APPROVAL, IF ANY:

