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LAND OFFICE
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-101
Supersedes Old
O-100 and O-103
Effective 1-1-83

3a. Indicate Type of Lease
State ☐ Fee ☒
3. State Oil & Gas Lease No.

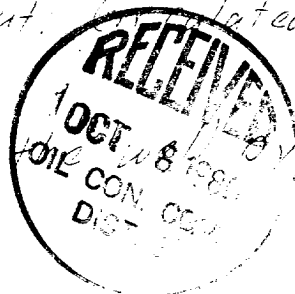
SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10) FOR SUCH PROPOSALS.	
1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator <i>Four Corners Inc.</i>	8. Farm or Lease Name <i>Kirt Land</i>
3. Address of Operator <i>519 Trans. Eastern Bldg B, rms Montano 59101</i>	9. Well No. <i># 7</i>
4. Location of Well UNIT LETTER <i>D</i> <i>914</i> FEET FROM THE <i>North</i> LINE AND <i>395</i> FEET FROM THE <i>13</i> LINE, SECTION <i>13</i> TOWNSHIP <i>29N</i> RANGE <i>15W</i> NMPM.	10. Field and Pool, or Wildcat <i>Chico Gallup</i>
11. Elevation (Show whether DF, RT, GR, etc.) <i>5137 GL</i>	12. County

16. 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 ☐ OTHER ☐	SUBSEQUENT REPORT OF: PLUG AND ABANDON ☐ CHANGE PLANS ☐ REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☒ CASING TEST AND CEMENT JOB ☐ OTHER ☐ ALTERING CASING ☐ PLUG AND ABANDONMENT ☐

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.

9/21/86 Spudded 5:00 P.M.

9/29/86 TD 343 with cable tool ran 8 jts 8 5/8" 23#
Totaling 338.0' set at 339 GL. Set with 275 SX
cement, 3% CaCl₂ on 1/4# flosoal per sack.
Good returns throughout. Estimated 25 SX cement
to surface
Rotary rig will be on site on October 11, 1986



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

SIGNED *Denny G. Fourn* TITLE *Geologist* DATE *10/7/86*

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

OCT 8 1986

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: