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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 type="checkbox"/>	Fee <input checked="" 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-	7. Unit Agreement Name Allison Unit
2. Name of Operator El Paso Natural Gas Company	8. Farm or Lease Name Allison Unit
3. Address of Operator PO Box 990, Farmington, NM 87401	9. Well No. 40
4. Location of Well UNIT LETTER <u>A</u> , <u>1000</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>19</u> TOWNSHIP <u>32N</u> RANGE <u>6W</u> NMPM.	10. Field and Pool, or Wildcat Basin Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 6511'GL	12. County San Juan

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

11-10-73 Spudded well. Drilled surface hole Ran 7 joints 9 5/8", 32.3#, HE surface casing, 219' set at 234'. Cemented with 225 cu.ft. cement, circulated to surface. WOC 12 hours, held 600#/30 min.



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

SIGNED W. G. Arnold

TITLE Drilling Clerk

DATE November 13, 1973

Original Signed by Emery G. Arnold

TITLE SUPERVISOR DIST. #3

DATE NOV 14 1973

CONDITIONS OF APPROVAL, IF ANY: