STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

BIVENUT AND IVILIZANCE UCT	OIL CONSERVATION DIV	ISION
	P. O. BOX 2088	Form C-103 Revised 10-1-78
DISTRIBUTION SANTA FE	SANTA FE, NEW MEXICO 87	
FILE		Sa. Indicate Type of Lease
U.S.G.S.		State Fee X
LAND OFFICE		S. State Oil & Gas Lease No.
OPERATOR		3, 3(d) On 0 012 2000 NO.
		- mmmmmm
	SUNDRY NOTICES AND REPORTS ON WELLS	
LOG NOT USE THIS FORM	FOR MODESALS TO DRILL OR TO DEEPEN OF PLUG SACA TO A DIFFEREN APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	A MERENAGIA.
1.		7. Unit Agreement Name
01L 6A8 WELL	X OTHER•	
2. Name of Operator		8. Form or Lease Name
	land Royalty Company	Calloway
3. Address of Operator		9. Well No.
P.O.	Drawer 570, Farmington, New Mexico 87499	9-0570 #3
		10. Field and Pool, or Wildcat Basin Dakota
4. Location of Well	1400	D: 1 01:00
UNIT LETTER E		80 PEET FROM BLANCO FICTURED (1)
	,	
THE West LIN	E. SECTION 22 TOWNSHIP 31N RANGE	11W HMPM.
	DE OT CD	12. County
	15. Elevation (Show whether DF, RT, GR, etc.	12. 600
	5865' GR	San Juan
16.	Check Appropriate Box To Indicate Nature of Noti	ce, Report or Other Data
	E OF INTENTION TO:	SUBSEQUENT REPORT OF:
NOTICE	2 OF INTENTION TO	_
. —	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	COMMENCE DRIL	LING OPNS. PLUG AND ABANDONMENT
TEMPORARILY ABANDON		
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND	Spud & Casing Report X
0THER		
	pleted Operations (Clearly state all pertinent details, and give per	tinent dates, including estimated date of starting any proposed
17. Describe Proposed or Com work) SEE RULE 1103.	pleted Operations (Crearly 11012 211 parties and 211	
10-18-82	Spudded 13-3/4" surface hole at 10:00 pt	m on 10-18-82 & drilled to a TD
	of 220'.	
10-19-82	Set five joints (206.75') of 9-5/8" 32	.3#, casing at 218.75'. Cemented
	with 212 cubic feet of Class "B" contain	ning 1/4# flocele & 3% CaCL2.
	Plug down at 8:15 am on 10-19-82. Ceme	nted circulated to surface.



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18. I hereby certify that the information above is true and c		October 20, 1982	
APPROVED OV_	TITLE Secretary	DATE	
CONDITIONS OF APPROVAL, IF ANY:			