Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

| WELL API NO. | - |
|---------------------------------|-------|
| 5. Indicate Type of Lease STATE | FEE 🌁 |
| | |

| DISTRICT II Santa Fe, New Mexico 87504-2088 | 5. Indicate Type of Lesse |
|---|--|
| P.O. Drawer DD, Artecia, NM 88210 | STATE FEE |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 | 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 |
| 1. Type of Well: ORL GAS WELL WELL X OTHER | Hubbard Com |
| 2. Name of Openior Southland Royalty Co | 8. Well No. 102 |
| 3. Address of Operator PO Box 4289, Farmington, NM 87499 | 9. Pool name or Wildcat Basin Fruitland Coal |
| 4. Well Location Unit Letter G: 1710 Feet From The North Line and 150 | Con Tuon |
| Section 15 Township 32N Range 12W 1 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6133 GL | NMPM San Juan County |
| 11. Check Appropriate Box to Indicate Nature of Notice, Re | eport, or Other Data SEQUENT 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 CE | EMENT JOB . |
| OTHER: OTHER: | |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclusively). SEE RULE 1103. | ding estimated date of starting any proposed |
| | 206'. Float collar Poz w/6% gel, 2% erlite (33 cu.ft.) |
| | Dict. 9 |
| I hereby certify that the information above by true and complete to the best of my knowledge and belief. SIGNATURE Regulator | y Affairs DATE 6-27-89 |
| | THE MERCHANISM AND A |
| TYPE OR FRENT NAME | TELEPHONE NO. |

APPROVED BY Original Signed by FRANK T. CHAVEZ

CONDITIONS OF APPROVAL, IF ANY: