

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Kaiser	
9. Well No. 1-Y	
10. Field and Pool, or Wildcat Wildcat	
12. County Colfax	

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 ☐ GAS WELL ☒ OTHER-

Name of Operator
Perma Energy Management Corporation

Address of Operator
2200 NW 50th, Suite 200, Oklahoma City, Oklahoma 73112

Location of Well
UNIT LETTER 0 1625 FEET FROM THE EAST LINE AND 740 FEET FROM
THE SOUTH LINE, SECTION 13 TOWNSHIP 29N RANGE 21E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6786 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <u>New Operator</u>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

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

WED Cawlyn H. Reis TITLE Geologist DATE 11/1/84

APPROVED BY Roy Johnson TITLE DISTRICT SUPERVISOR DATE 7-18-85

CONDITIONS OF APPROVAL, IF ANY: