

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

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.	

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- 2. Name of Operator Austra-Tex Oil Company 3. Address of Operator 909 N.E. Loop 410, Suite 330, San Antonio, Tx 78209 4. Location of Well UNIT LETTER <u>G</u> . <u>2055</u> FEET FROM THE <u>North</u> LINE AND <u>1,719</u> FEET FROM THE <u>West</u> LINE, SECTION <u>17</u> TOWNSHIP <u>29N</u> RANGE <u>21E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name Phelps Dodge 9. Well No. 1-Y 10. Field and Pool, or Wildcat Wildcat 11. County Colfax
15. Elevation (Show whether DF, RT, GR, etc.) 7,235 Ground	12. County Colfax

16. 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"/>	PLUG AND ABANDON <input checked="" 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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Location cleared awaiting inspection.

OK-10-30

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

SIGNED <u>[Signature]</u>	TITLE <u>Chief Operating Officer</u>	DATE <u>7-02-84</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>0-30-84</u>
CONDITIONS OF APPROVAL, IF ANY:		