

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 checked="" type="checkbox"/>	Fee <input 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name	
2. Name of Operator STINEBAUGH DRILLING, INC.		8. Farm or Lease Name STATE	
3. Address of Operator P. O. BOX 122 ROY, NEW MEXICO 87743		9. Well No. #1	
4. Location of Well UNIT LETTER <u>M</u> . <u>1250</u> FEET FROM THE <u>WEST</u> LINE AND <u>1250</u> FEET FROM THE <u>SOUTH</u> LINE, SECTION <u>36</u> TOWNSHIP <u>21N</u> RANGE <u>30E</u> NMPM.		10. Field and Pool, or Wildcat BUEYEROS	
15. Elevation (Show whether DF, RT, GR, etc.) 4650		12. County HARDING	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

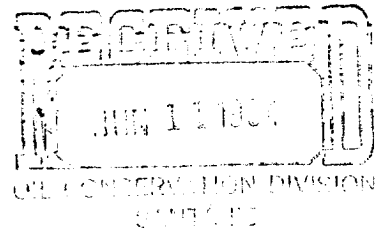
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

TD 920'
6 5.8" CSG @ 700'
25 SAX @ 650'
RETAINER AT 25'
20 SAX TO SURFACE
REGULATION MARKER SET
LOCATION CLEAN & LEVEL



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

SIGNED [Signature] TITLE V. PRES. DATE 5/21/84
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 6-11-84
CONDITIONS OF APPROVAL, IF ANY: