

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-76

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DISTRIBUTION	
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FILE	☒
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPMEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - "A" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. Unit Agreement Name
Name of Operator Cibola Energy Corporation		8. Farm or Lease Name Mora Ranch
Address of Operator P.O. Box 1668, Albuquerque, New Mexico 87103		9. Well No. 4
Location of well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>610</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>21N</u> RANGE <u>21E</u> N.M.P.M.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Chaves

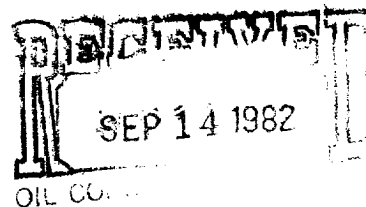
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	PLUG AND ABANDON ☒ CHANGE PLANS ☐	REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOB ☐ OTHER ☐	ALTERING CASING ☐ PLUG AND ABANDONMENT ☐

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.

We propose to plug this well as follows:

45 sacks Class C Cement with 3% CaCl, pumped at 680', the top of the plug is expected to be at 500' but will be tagged after WOC 3 hours.

15 sacks Class C Cement with 3% CaCl, pumped at surface and a dry hole marker will be set.



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>Operations Manager</u>	DATE <u>9-13-82</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>Geologist</u>	DATE <u>11-18-82</u>
CONDITIONS OF APPROVAL, IF ANY:		