

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

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

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 ☒ GAS WELL ☐ OTHER		7. Unit Agreement Name
2. Name of Operator Coronado Exploration Corp.		8. Farm or Lease Name Mora Ranch
3. Address of Operator 1005 Marquette N.W. Albuquerque, NM 87102		9. Well No. #4
4. Location of well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>south</u> LINE AND <u>610</u> FEET FROM <u>west</u> LINE, SECTION <u>5</u> TOWNSHIP <u>21N</u> RANGE <u>21E</u> NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 6520 Gr		12. County Mora

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT 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 ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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 request permission to temporarily abandon this well in order to wait for warm weather to complete the well. Completion technique requires warm water which is not available in Wagon Mound in the winter and early spring.

T.A. permit expires 10/9/79

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

CORONADO EXPLORATION CORP.

SIGNED Kathy Ballard TITLE PRODUCTION DEPT. DATE MAY 25, 1979

APPROVED BY J. R. Lamm TITLE TSC DATE 6/11/79

CONDITIONS OF APPROVAL, IF ANY: