

OIL CONSERVATION DIVISION

P O BOX 2088

SANTA FE, NEW MEXICO 87501

Form E-103  
Revised 10-

|                        |   |
|------------------------|---|
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| U.S.O.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 DISPERSE OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" FORM E-1011 FOR SUCH PROPOSALS.

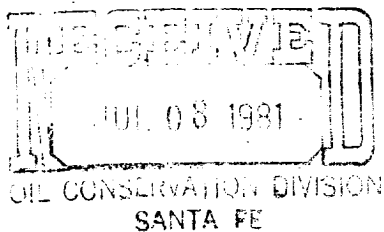
|                                                                                                                                                 |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- P&A                                      | 7. Unit Agreement Name                                        |
| 2. Name of Operator<br>CIBOLA ENERGY CORPORATION                                                                                                | 8. Farm or Lease Name<br>Clyde Berlier                        |
| 3. Address of Operator<br>1005 Marquette NW Albuquerque, NM 87102                                                                               | 9. Well No.<br>2                                              |
| 4. Location of Well<br>UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM<br>THE West LINE, SECTION 21 TOWNSHIP 21N RANGE 21E NMPM. | 10. Section and Range of Well<br>Wagon Mound Dakota Morrisson |
| 11. Elevation (Show whether DF, RT, GR, etc.)<br>6420 Gr.                                                                                       | 12. County<br>Mora                                            |

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 type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPS. <input type="checkbox"/>      | PLUG AND ABANDONMENT <input 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"/>                       | Change Name of Operator                       |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pro. work) SEE RULE 1503.

Coronado Exploration Corp. has changed its name to CIBOLA ENERGY CORPORATION effective immediately.



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

|                                 |                                         |                     |
|---------------------------------|-----------------------------------------|---------------------|
| SIGNED <u>Gail Gunnels</u>      | TITLE <u>Gail Gunnels</u>               | DATE <u>7-01-81</u> |
| APPROVED BY <u>Carl Ullrog</u>  | TITLE <u>SENIOR PETROLEUM GEOLOGIST</u> | DATE <u>7/17/81</u> |
| CONDITIONS OF APPROVAL, IF ANY: |                                         |                     |