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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
K-1883

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator BURWINKLE-SCANLON	8. Farm or Lease Name OHWELL
3. Address of Operator 124 JACKSON NE, ALBUQUERQUE, NEW MEXICO	9. Well No. #10
4. Location of Well UNIT LETTER A 105 FEET FROM THE NORTH LINE AND 495 FEET FROM THE EAST LINE, SECTION 28 TOWNSHIP 20N RANGE 9W NMPM.	10. Field and Pool, or Wildcat CANY WASH-MESA VERDE
15. Elevation (Show whether DF, RT, GR, etc.)	12. County MCKINLEY

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 OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input 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.

WELL WAS SPAUDED AT 9:30 A.M., OCTOBER 4, 1968. 4 3/4" HOLE WAS DRILLED TO 320' - HOLE WAS CORED FROM 320' TO 330 1/2'. HOLE WILL BE LOGGED.



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

SIGNED R. J. Scanlon TITLE Engineer DATE Oct. 7, 1968

APPROVED BY _____ TITLE SUPERVISOR DIST. #3 DATE OCT 10 1968

CONDITIONS OF APPROVAL, IF ANY: