

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

CONFIDENTIAL

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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
L-1552-3	
7. Unit Agreement Name	
8. Farm or Lease Name	
State 36A	
9. Well No.	
#1	
10. Field and Pool, or Wildcat	
Wildcat	
12. County	
McKinley	

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-

2. Name of Operator
PILON EXPLORATION CORPORATION c/o Minerals Management Inc.

3. Address of Operator
501 Airport Dr., Suite 210, Farmington, New Mexico 87401

4. Location of Well
UNIT LETTER H 500 FEET FROM THE East LINE AND 1650 FEET FROM
THE South LINE, SECTION 36 TOWNSHIP 20N RANGE 5W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6629 RT

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Surface Casing</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

10-8-75

Spud 15" hole 6:00PM 10-8-75. Drill to 220', ran 5 Jts. 10 3/4" K-55 40.50# casing. Set @ 219'. Cement w/250 sx Class "B" w/2% CaCl. Plug down 4:00AM 10-9-75. Circulate cement



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

SIGNED J. Arnold Shell TITLE Area Manager DATE 10-10-75
Minerals Management Inc.

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: