

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name NMALCO GURLEY
9. Well No. 5
10. Field and Pool, or WHCet Nose Rock-Hospah ext
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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
Black Oil Inc.

Address of Operator  
P.O. Box 537, Farmington, New Mexico 87499

Location of Well  
UNIT LETTER P 990 FEET FROM THE south LINE AND 990 FEET FROM  
THE east LINE, SECTION 9 TOWNSHIP 20N RANGE 12W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
6153 GR.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1102.

Due to field evaluation we have not drilled subject well. We wish to extend our permit to drill for six months.

*Extension Expires 10-5-89*

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

Signed Daniel G. Stutz TITLE President DATE 4-3-89

APPROVED BY [Signature] TITLE [Signature] DATE APR 04 1989

CONDITIONS OF APPROVAL, IF ANY: