

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

5. Indicate Type of Lease
State Fee
6. State Oil & Gas Lease No.
LG-9425

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 Black Oil, Inc.	8. Form or Lease Name STATE MARGIE
3. Address of Operator P.O. Box 537, Farmington, NM 87499	9. Well No. 2
4. Location of well UNIT LETTER <u>B</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>16</u> TOWNSHIP <u>20N</u> RANGE <u>12W</u> NMPM.	10. Field and Pool, or widest NOSE ROCK-HOSPAH EXT.
11. Elevation (Show whether DF, RT, GR, etc.) 6118 GR	12. County McKinley

13. 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 JOB <input type="checkbox"/>	OTHER <u>Perforating</u> <input checked="" type="checkbox"/>

14. 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 have perforated this well with 4" casing gun 2 JSPF from 2169-2176.
2-3/8" EUE tubing has been run for swab test.

RECEIVED
JUL 24 1987
OIL CON. DIV.
DIST. 3

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

SIGNED Frank T. Chavez TITLE President DATE July 23, 1987

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

APPROVED BY _____ TITLE _____ DATE JUL 24 1987

CONDITIONS OF APPROVAL, IF ANY: