

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

3a. Indicate Type of Lease
State ☐ Fee ☒
3. State Oil & Gas Lease No.

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 ☐	7. Unit Agreement Name
Name of Operator Gurley Oil Co. (black Oil, Inc.)	8. Farm or Lease Name NMALCO BLACK
Address of Operator P.O. Box 2092, Farmington, N.M. 87499	9. Well No. L
Location of Well UNIT LETTER <u>D</u> , <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>15</u> TOWNSHIP <u>20N</u> RANGE <u>12 W</u> NMPM.	10. Field and Pool, or Wildcat Nose Rock, Hospah Ex
11. Elevation (Show whether DF, RT, GR, etc.) 6135 GR	12. County McKinley

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

FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☒	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
WORK ON ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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.

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

APPROVAL EXPIRES 7-18-90
UNLESS DRILLING IS COMMENCED.
SPUD NOTICE MUST BE SUBMITTED
WITHIN 10 DAYS.

RECEIVED
MAY 10 1990
OIL CON. DIV.
DIST. 3

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

Mike Maloney TITLE Manager (Gurley Oil) DATE February 11, 1990

FILED BY _____ TITLE _____ DATE _____

1. DATE OF BIRTH
 2. DATE OF DEATH
 3. DATE OF BURIAL
 4. DATE OF CREMATION
 5. DATE OF INTERMENT
 6. DATE OF EXHUMATION
 7. DATE OF REINTERMENT
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