State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
		5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE X 6. 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.) 1. Type of Well: OBL. WTILL OTHER		7. Lease Name or Unit Agreement Name Clayton S. Schmidt and/or Patricia M. Schmidt
2. Name of Operator		8. Well No. Cido # 4
Bus Rx, Inc. 3. Address of Operator		9. Pool name or Wildcat
P. O. Box 35938; Tucson, AZ 85740		Puerto Chiquito East Maner
Unit Letter A: 495 Feet From The North Line and 595 Feet From The Ea'st Line Section 9 Township 25 N Range 1E NMPM Rio Arriba County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7150 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB
OTHER:	OTHER: (Dry hol	e) plugged: 6/25/85
12 Describe Proposed or Completed Operations (Clearly state all perinent details, a work) SEE RULE 1103. Cido #4 has been plugged and abandoned as foll (1) 0-50 Feet Cement plug (2) 50-1125 Feet Heavy mud (3) 1125-1225 Feet Cement plug (4) 1225-1820 Feet Heavy mud (5) 1820-1870 Feet Cement plug (6) 1870-3085 Heavy mud (7) Dry hole marker erected (8) Site rehabilitated and reseeded (9) All cement is cl.B (One 94 #SK/5.2 gal wat (10) Used 44 sacks cement and 40 ea. 50 # sacks	ows: er) Heavy mud (4	DECEIVED JANI 2 1989 OU CON DIV
I hereby certify that the information above is true and complete to the best of my knowledge and SIGNATURE TYPE OR PRINT NAME A. M. Kalaf	President	DATE 1/9/89 TELEPHIONE NO. 602-623-2211
(This space for State Use) Original and of by CHARLES GHOLSON		IELETINE M. COL. VIII ELET
APPROVED BY	· BAS 1883/20TOR	, DIST. #3 JAN 1 2 1999