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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Federal 1	
9. Well No.	
No. 1A	
10. Field and Pool, or Wildcat	
12. County	
San Juan	

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.)

WELL ☐ GAS WELL ☒ OTHER-

Name of Operator
Palmer Oil & Gas Company

Address of Operator
P. O. Box 2564, Billings, Montana 59103

Location of Well
UNIT LETTER K 1820 FEET FROM THE West LINE AND 1525 FEET FROM
THE South LINE, SECTION 1 TOWNSHIP 31N RANGE 13W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
5759' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
FORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PROBABLY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Status report</u> <input checked="" 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 1103.

Total Depth 4758' Driller, 4761' Logger. Ran 23 joints 4 1/2" casing to 4758'. Top of liner at 3751' KB. Cemented with 175 sx 50-50 pozmix. Plug down at 8:00 AM on 4/22/78.

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

SIGNED <u>Grace E. Brown</u>	TITLE <u>Assistant Secretary</u>	DATE <u>5/12/78</u>
RECEIVED BY <u>Grace E. Brown</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		