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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. | |

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 7. Unit Agreement Name |
| 2. Name of Operator Southland Royalty Company | | 8. Farm or Lease Name Grenier |
| 3. Address of Operator P. O. Drawer 570, Farmington, New Mexico | | 9. Well No. #23 |
| 4. Location of Well UNIT LETTER M, 1190 FEET FROM THE South LINE AND 1190 FEET FROM West 31 LINE, SECTION 31 TOWNSHIP 31N RANGE 11W NMPM. | | 10. Field and Pool, or Wildcat Basin Dakota |
| 15. Elevation (Show whether DF, RT, GR, etc.) 5861' GR | | 12. County San Juan |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER Extension ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Southland Royalty Company requests a 90 day extension for "Intent to Drill.
Approval to drill this well expired August 7, 1978.

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

SIGNED Van Ryan TITLE District Production Manager DATE August 7, 1978

Original Signed by Van Ryan

APPROVED BY SHR TITLE SECRET DATE AUG 9 1978

CONDITIONS OF APPROVAL, IF ANY: