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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name EPNG Com C
9. Well No. 4A
10. Field and Pool, or Wildcat Blanco Mesa Verde
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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator El Paso Natural Gas Company 3. Address of Operator PO Box 289, Farmington, NM 87401 4. Location of Well UNIT LETTER D, 670 FEET FROM THE North LINE AND 730 FEET FROM West LINE, SECTION 16 TOWNSHIP 32N RANGE 10W NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 6733'GL

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER Permit to Drill Extension <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
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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.

It is anticipated that the "Permit to Drill" will expire before this well can be spudded; therefore, an extension is requested.



12-6-79

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

SIGNED <u>[Signature]</u>	TITLE <u>Drilling Clerk</u>	DATE <u>September 10, 1979</u>
Original Signed by A. R. Kendrick	SUPERVISOR <u>[Signature]</u>	DATE <u>SEP 10 1979</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		