## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

|              | T . |  |  |  |
|--------------|-----|--|--|--|
| DISTRIBUTION |     |  |  |  |
| SANTA FE     | V   |  |  |  |
| FILE         | 1   |  |  |  |
| U.S.G.S.     |     |  |  |  |
| LAND OFFICE  |     |  |  |  |
| OPERATOR     |     |  |  |  |

| 08. 07 COPIES DECEIVES .                               | OIL CONSERVATION DIVISION  |   |
|--|--|---|
| DISTRIBUTION   | P. O. BOX 2088   | Form C-103                                  |
| SANTA FE   | SANTA FE, NEW MEXICO 87501   | Revised 10-1-                               |
| FILE   |  |   |
| U.S.G.S.   |  | Sa. Indicate Type of Lease                  |
| OPERATOR   |  | State Fee                                   |
|  |  | 5. State Oil & Gas Lease No.                |
| SUNDRY NO  | TICES AND REPORTS ON WELLS   | - Ammunian                                  |
| (DG NOT USE THIS FORM FOR PROPOSAL USE "APPLICATION FO | OTICES AND REPORTS ON WELLS S TO DAILL ON TO DEEPEN OF PLUG BACK TO'A DIFFERENT RESERVOIR. OR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.) |   |
|  | , July C-101) FOR SULH PROPOSALS.)   | 7. Unit Agreement Name                      |
| WELL WELL OT   | THER-  | /. Ont Adresment Name                       |
| 2. Name of Operator                                    |  | 8. Farm or Lease Name                       |
| John Gianard;  |  |   |
| 3. Address of Operator                                 |  | 9. Well No.                                 |
| 501 OLD SHUTE FE                                       | : TRaiL  | # JSB/CKZ                                   |
| 4. Location of Well                                    |  | 10. Field and Pool, or Wildcat              |
| UNIT LETTER  | PEET FROM THE ADULL LINE AND 1980 PEET P   |   |
|  |  |   |
| THE CAST LINE, SECTION 22                              | -8E_TOWNSHIP_ISN_RANGE_8E_NM   |   |
|  |  |   |
|  | 15. Elevation (Show whether DF, RT, GR, etc.)  | 12. County                                  |
| 16.  | W  | SANTE FE                                    |
| Check Appro  | priate Box To Indicate Nature of Notice, Report or   | Other Data                                  |
| NOTICE OF INTENT                                       | TION TC: SUBSEQUE  | ENT REPORT OF:                              |
|  | _  |   |
| PERFORM REMEDIAL WORK                                  | PLUS AND ABANDON REMEDIAL WORK   | ALTERING CASING                             |
| TEMPORARILY ABANDON                                    | COMMENCE DRILLING OPNS.  | PLUG AND ASANDONMENT                        |
| PULL OR ALTER CASING                                   | CHANGE PLANS CASING TEST AND CEMENT JOB  |   |
|  | OTHER  |   |
| OTHER  |  |   |
| 17. Describe Proposed or Completed Operations          | a (Clearly state all pertinent details, and give pertinent dates, includi  | :   |
| work) SEE RULE 1 103.                                  | and good persuicin desics, including   | ing estimated date of starting any proposed |
|  | t 1 1 2 1 1 1 2007 00 0  | 1 0 1                                       |
| The dulling  | site has now well clea   | ned & leveled.                              |
| 0 + +1 0   | site has now been clear<br>or has inspected and a  | a para ed                                   |
| Roy Johnson  | TO JUST SITURGE S  | 1990  |
| All of the second                                      |  | , ,   |
| (me suce -   |  |   |
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|  | * • • •  |   |
|  |  |   |
|  |  |   |
| ·  |  |   |
|  |  |   |
| 8. I hereby certify that the information shows in      | true and complete to the best of my knowledge and belief.  |   |
| 2 /  | the same complete to the sest of my knowledge and belief.  | <del></del>                                 |
| Shooia Bus   | Λ - <del>-</del>   | 121. 1                                      |
| ENED XII WILL BYPONE                                   | TITLE general parener.   | - DATE 10/20/83                             |

## STATE OF NEW MEXICO ENERGY AND MINIERALS DEPARTMENT

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| FILE                  |   | T |  |  |
| U.S.G.S.              |   | _ |  |  |
| LAND OFFICE           |   |   |  |  |
| OPERATOR              | 1 | 1 |  |  |

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-103 Revised 10-1-78

| LAND OFFICE  | 5a. Indicate Type of Lease              |
|--|---|
| OPERATOR   | State Oil 6 Gas Lease No.               |
|  |   |
| SUNDRY NOTICES AND REPORTS ON THE STATE OF T | MINIMINI                                |
| OIL GAS WELL OTHER-  | 7. Unit Agreement Name                  |
| 2. Name of Operator  | 8. Farm or Lease Name                   |
| 3. Address of Operator OIL CONSERVATION DIVISION   | CKZ                                     |
| P.O. Box 58, Sonta FE, N. Mcx., 8750/ SANTA FE   | 9. Well No.                             |
| UNIT LETTER 6 . 1980 FEET FROM THE NOVIA LINE AND 1980 FEET FROM   | 10. Field and Pool, or Wildcat Wildcaf. |
| THE FOST LINE, SECTION 22 TOWNSHIP 15 N RANGE 8E. NAPM.  |   |
|  |   |
| 15. Elevation (Show whether DF, RT, GF., etc.)  6209 GR  | 12. County<br>Santa F.                  |
| Check Appropriate Box To Indicate Nature of Notice, Report of Orb  | er Data                                 |
| NOTICE OF INTENTION TO: SUBSEQUENT   | REPORT OF:                              |
| PERFORM REMEDIAL WORK  | ALTERING CASING                         |
| PULL OR ALTER CASING CHANGE PLANS  | PLUG AND ABANDONMENT                    |
| CHANGE PLANS CASING TEST AND CEMENT JQB  |   |
| OTHER  |   |
| 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including e work) SEE RULE 1703.   | estimated date of starting and property |
|  |   |
| and abandon well, and points to set plugs  | with amount of                          |
| Cont. Per mission granted by phone.  |   |
| National Comenters Corp. Farmington to plug  | 70 7                                    |
| Pumped 25 St a 4 planted to 1 de   | · 1. D. 7773                            |
| Pumped 25 St. cont plugite/B cont, wz%   | Calco,                                  |
| " " at 6978 Fee)   | 4                                       |
| 1  | _                                       |
| 623 Feet.  | bottom of sur, c                        |
| Spothed 5 Sp cmt at surface,   | /                                       |
| Well P1-1/25/83. Rig released at 13  | 300 hrs.                                |
| 8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |
|  | •                                       |
| GARO Charles de 13. fagerman TITLE CEOlogist   | DATE 20 Tuly 1983                       |
| Carl Wood DISTRICT SUPERVISOR  | 7/20/62                                 |
| ONDITIONS OF APPROVAL, IF ANY:   | DATE 1/30/83                            |

| STATE OF NE   |                     |                            |                                 |               |                |                      |                    |           |                           | orm C-105<br>evised 10-1-78 |  |
|---|---------------------|----------------------------|---------------------------------|---------------|----------------|----------------------|--------------------|-----------|---------------------------|-----------------------------|--|
| ENERGY AND MINERA                                       |                     | T<br>OIL                   | CONS                            | ERV           | ATIONI         | אוכ                  | /ISION             |           |                           | ·                           |  |
| OIL CONSERVATION DIVISION  DISTRIBUTION  P. O. BOX 2088 |                     |                            |                                 |               |                | 1                    | te Type of Lease   |           |                           |                             |  |
| SANTA FE  |                     |                            |                                 |               |                | State                | Il & Gas Lease No. |           |                           |                             |  |
| FILE  |                     |                            |                                 |               |                |                      |                    |           | J. Sidle O.               | ii & Gds Ledse No.          |  |
| U.S.G.S.  LAND OFFICE  OFENATOR BEN                     |                     | WELL COMPL                 | ETION OF                        | REC           | OMPLET         | 312:                 | EPORT A            | P 130     | IIII                      |                             |  |
| Ia. TYPE OF WELL  | 7                   |                            |                                 |               |                |                      |                    |           | A Linux Ac                | reement Name                |  |
| b. TYPE OF COMPL  | OIL<br>WES          | LL GAS                     |                                 | ORY Z         |                | <u> </u>             | IUL 20 19          | 183       |                           |                             |  |
| NEW - W   | ORK DEEP            | PLUI BACI                  | G DIF                           | FF            | OLL            | 001                  | ISERVATION         |           | IDИ                       | Lease Name                  |  |
|   | ,                   | /                          |                                 |               |                |                      | Shark P.           | -         | 9. Well No.               |                             |  |
| 3. Address of Operator                                  | lanaro              | Z                          |                                 | <del></del> _ |                |                      |                    |           | CKZ                       | and Pool, or Wildcat        |  |
| P.O. B.   | 5a                  | 5                          | <u> </u>                        | 4.1           | , ,            | -                    | (TR) (             |           | 10. Field 6               | ind Pool, or wildcat        |  |
| 4. Location of Well                                     | $\sim a$ , $\sim$   | Janya                      | $\frac{c}{\sqrt{\chi_{\perp}}}$ | 1-10          | Ju B           |                      | 50/                |           | Will.                     | mmmm                        |  |
|   |                     |                            |                                 |               |                |                      |                    |           |                           |                             |  |
| UNIT LETTER   | LOCATED Z           | 980 FEET                   | FROM THE 1                      | octh          | LINE AN        | · <del></del>        | 1980 "             |           |                           |                             |  |
| The Faction   |                     | 10° N                      | <i>ى</i> م                      | •             |                |                      | IXIIII             |           | 12. County                |                             |  |
| THE EAST LINE OF  | 16. Date T.D. F     | leached 17. Date           | Compl. (Re                      | ady to i      | Prod. ) 18.    | Elev                 | ations (DF, R)     | (R RT (   | R escal 19                | Flex Continguand            |  |
| 12/22/82<br>20. Total Depth                             | 1/24/8<br>21. Plu   | 3 1                        | org                             | -,            | , , , ,        | 62                   | 0961               | ζ,, .     | ,, c.c., 13.              | Cushingnedd                 |  |
| 1   | 21. Plu             | g Back T.D.                | 22. 1                           | f Multipl     | e Compl., Ho   |                      | 23. Intervals      | Rotar     | y Tools                   | , Cable Tools               |  |
| 7773  |                     | <del>-</del> -             | -                               | Many          |                |                      | Drilled E          | 10        | $\mathcal{T}.\mathcal{D}$ |                             |  |
| 24. Producing Interval                                  | s), of this complet | ion - Top, Botton          | n, Name                         |               |                |                      |                    |           |                           | 25. Was Directional Survey  |  |
| Dry -   |                     |                            |                                 |               |                |                      |                    |           |                           | No                          |  |
| 26. Type Electric and                                   | Other Logs Run      |                            |                                 |               |                |                      |                    |           |                           |                             |  |
| None-   |                     | log onk                    | 4                               |               |                |                      |                    |           | 27. W                     | as Well Cored               |  |
| 28.   | 1140                |                            |                                 | PD (Ren       | ort all string |                      | i(1)               |           |                           |                             |  |
| CASING SIZE   | WEIGHT LB.          |                            |                                 |               | E SIZE         | 1                    | CEMENT             | ING REC   | ORD                       | AMOUNT PULLED               |  |
| 95/8  | 36                  | 623'1                      | < <i>I</i> 3                    |               |                | R                    |                    |           |                           |                             |  |
|   |                     |                            |                                 |               |                | Ran 320 St. Class B. |                    |           |                           | Nonz                        |  |
|   |                     |                            |                                 |               |                |                      |                    |           |                           |                             |  |
| 29.   |                     |                            |                                 |               |                |                      |                    |           | <del></del>               |                             |  |
| SIZE  | тор                 | INER RECORD                |                                 |               | 30.            |                      |                    | UBING REC | ORD                       |                             |  |
| None  |                     | BOTTOM                     | SACKS CE                        | MENT          | SCREEN         |                      | SIZE               | DE        | PTH SET                   | PACKER SET                  |  |
| 7,07,0  |                     |                            |                                 |               |                |                      | · .                | -         | <del></del>               |                             |  |
| 31. Perforation Record                                  | (Interval, size and | number)                    | <u></u>                         |               | 32.            | ACI                  | D, SHOT, FRA       | CTURE.    | CEMENT SQ                 | UEFZE ETC.                  |  |
| None,   |                     |                            |                                 |               | DEPTH          |                      |                    |           |                           | ID MATERIAL USED            |  |
|   |                     |                            |                                 |               |                |                      |                    |           | ·· <del>·</del>           |                             |  |
|   |                     |                            |                                 |               | No             | n                    | =                  |           |                           |                             |  |
|   |                     |                            |                                 |               |                |                      |                    |           |                           |                             |  |
| 33.   | <del></del>         |                            | <del></del>                     | 9 PON         | JCTION         |                      |                    |           |                           | <del>-</del>                |  |
| Date First Production                                   | Produc              | tion Method (Flor          | ving, gas lif                   |               |                | d typ                | e pump)            |           | Well Status               | (Prod. or Shut-in)          |  |
|   |                     |                            |                                 |               | -              | •                    | , .,               |           |                           |                             |  |
| Date of Test  | Hours Tested        | Choke Size                 | Prod'n. F<br>Test Peri          |               | Dil — Вы.      |                      | Gas — MCF          | Wate      | - Bbl.                    | Gas - Oil Ratio             |  |
| Flow Tubing Press.                                      | Casing Pressure     | Calculated 24<br>Hour Rate | - Оп — Вы                       | 1             | Gas - N        | ICF                  | Water              | - Bbl.    | 011                       | Gravity — API (Corr.)       |  |
| 34. Disposition of Gas (                                | Sold, used for fuel | , vented, etc.)            | -1                              | <del></del>   |                |                      |                    | Test      | Witnessed B               | у                           |  |
| 35. List of Attachments                                 |                     |                            | <del></del>                     |               | <del></del>    |                      |                    |           |                           |                             |  |
|   |                     |                            |                                 |               |                |                      |                    |           |                           | •                           |  |
| 36. I hereby certify that                               | the information sh  | own on both side           | s of this fon                   | n is true     | and complet    | e w                  | the best of my     | knowlede  | e and belief              |                             |  |
|   | / / 2               |                            | •                               | 2             | ,              |                      |                    |           |                           |                             |  |