

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

API #30-057-20008

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒5. State Oil & Gas Lease No.
n/aSUNDRY 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator CAF Enterprises	8. Farm or Lease Name Shaw
3. Address of Operator P. O. Box 3487, Albuquerque, New Mexico 87190	9. Well No. 1
4. Location of Well UNIT LETTER M 371 FEET FROM THE West LINE AND 919 FEET FROM THE South 18 LINE, SECTION 18 TOWNSHIP 4N RANGE 8E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 6350 GL	12. County Torrence

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 ☐PLUG AND ABANDON ☐
CHANGE PLANS ☒OTHER ☐

SUBSEQUENT REPORT OF:

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

7. 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.

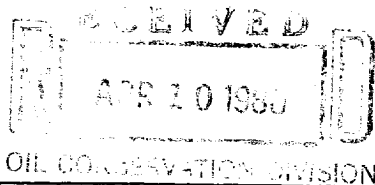
Well to be drilled to test Sangre de Cristo Formation, thoroughly, drill stem testing all shows anticipated, as per adjacent well drilled.

All state regulations requirements to be followed for all drilling and casing requirements.

To be plugged in accordance with State of New Mexico requirements, and in compliance with State regulations, should plugging be necessary.

Shelling depth for casing 175'.

Drilling contractor is Western Drilling, Inc.



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

WED _____ TITLE _____ DATE April 1980

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: