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Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources			WELL API NO.	Form C-103 Revised March 25, 1999
District II 811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 8750	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			5. Indicate Type STATE	3777
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.) 1. Type of Well: Oil Well Gas Well	7. Lease Name or Unit Agreement Name: SIMMS				
Name of Operator Cibola Energy Corporation 3. Address of Operator				8. Well No. 1 9. Pool name or Wildcat-Wildcat	
P.O. Box 1668, Albuquerque, NM 87103-1668 4. Well Location				Wildca	t
Unit Letter P : 660 feet from the South line and 330 feet from the East line					
Section 9 Township 21N Range 21E NMPM County Mora 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 6270 GL					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DE	RILLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB		ABANDONMENT -
OTHER:			OTHER:		
12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
100 ft ce	olug the well as ement from TD (6 n hole and 55 ft	32 ') co	vering appro	eximately 45 f	ît.
20 ft ceπ	nent at top of h	ole			en en skriver en skrive En skriver en skriver
Install d	ry hole marker	and cle	an location.	na na mana da Magaza Manazaria	・ 1 Marien 10 July Buge - 数名
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l hereby certify that the information For; Cibola Ener	n above is true and comp gy Corporation			dge and belief.	
Type or print name By: Harvey	F. Yates Ir	TITLE	President		DATE <u>8/14/01</u>
(This space for State use)	0//	<u> </u>			ohone No. (505) 242–2050
APPPROVED BY TYPE DISTRICT SUPERVISOR DATE 8/15/01 Conditions of approval, if any:					
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