Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED
90 FEB 12 AM 8:27

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
BLACK OIL INC

8. Well No. 21-6

3. Address of Operator
PO BOX 537 FARMINGTON, NEW MEXICO 87499

9. Pool name or Wildcat
WILDCAT

4. Well Location
Unit Letter F : 1560 Feet From The NORTH Line and 1575 Feet From The WEST Line

Section 21 Township 3N Range 9W NMPM CATRON County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
7130 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: FINAL REPORT READY FOR INSPECTION	☒		

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.

This well was plugged and abandoned on 6/25/87 as reported in our C-103 dated 7/20/87. The location was cleaned up and the surface restored with the appropriate dry hole marker emplaced on 6/30/87. The location is now ready for your final inspection.

4-11-91
location OK
RE

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

SIGNATURE Bruce A. Black TITLE President DATE 2/6/90

TYPE OR PRINT NAME Bruce Allen Black TELEPHONE NO. 505 325-9671

(This space for State Use)

APPROVED BY Ray E. Johnson TITLE DISTRICT SUPERVISOR DATE 4-19-91

CONDITIONS OF APPROVAL, IF ANY: