

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG-2741

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.)

OIL WELL ☐	GAS WELL ☐	OTHER- <u>N/A</u>
Name of Operator		
<u>Topaz Southwest Inc (Salazar)</u>		
Address of Operator		
<u>P.O. Box 680913 Houston TX 77268-0913</u>		
Location of Well		
UNIT LETTER <u>G</u>	<u>1650</u> FEET FROM THE <u>N</u> LINE AND <u>2310</u> FEET FROM	
THE <u>E</u> LINE, SECTION <u>36</u>	TOWNSHIP <u>11N</u>	RANGE <u>8W</u> NMPM.

7. Unit Agreement Name
<u>N/A</u>
8. Farm or Lease Name
<u>State</u>
9. Well No.
<u>1</u>
10. Field and Pool, or Wildcat
<u>Wildcat</u>
12. County
<u>Cibola</u>

15. Elevation (Show whether DF, RT, GS)
7500

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
ILL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

Plug per memo from Roy Johnson
10 SK @ Surface
5 SK @ 1200'
10 SK @ 1585'
21 SK @ 2000
10 SK @ 2640
Lease 4" pipe 4' high

See enclosed cement report

San Fidel Exit
W. on Frontage Rd.
to Forest Rd. #432
turn right @ 4th
Cattle guard. crossed
Plugging
on 5-14-85
OK - witnessed
REJ
5-14-85

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

Signed E. J. Price TITLE Pres DATE 3 May 1985

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: