

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-78

API #30-006-20007

5a. Indicate Type of Lease State ☐ Fee ☒
5. State Oil & Gas Lease No. N/A
7. Unit Agreement Name N/A
8. Farm or Lease Name EXXON MINERAL FEE
9. Well No. #1
10. Field and Pool, or Wildcat WILDCAT
12. County CIBOLA

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator AUSTRA-TEX OIL COMPANY
3. Address of Operator 909 NE LOOP 410 SUITE 600 SAN ANTONIO, TEXAS 78209
4. Location of Well UNIT LETTER F 1650 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 23 TOWNSHIP 12N RANGE 4W
15. Elevation (Show whether DF, RT, GR, etc.) 6645 GR

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 ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER Spud Well & Set & Cmt Surf. Csg. ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1702.

1. WELL WAS SPUD ON AUGUST 16, 1987 @ 2000 HOURS

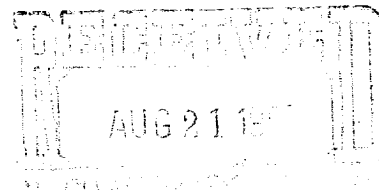
2. DRILL 12-1/4" HOLE TO 532 FEET.

RAN 13 JTS. 9-5/8" 36# K55 ST&C CASING

CEMENT WITH 287 SACKS CLASS "B" CEMENT WITH 2% CALCIUM.

CIRCULATE 22 BBLs OF CEMENT TO SURFACE.

BUMP PLUG WITH 750 PSI. FLOAT HELD OKAY.



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

SIGNED Rick Allen TITLE Drilling Manager

DATE August 18, 1987

APPROVED BY Ky E. John TITLE DISTRICT SUPERVISOR

DATE 8-26-87

CONDITIONS OF APPROVAL, IF ANY: