

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease

State ☐ Fee ☒

5. 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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Carbon Dioxide & Hydrocarbons	7. Unit Agreement Name
2. Name of Operator HNG FOSSIL FUELS COMPANY	8. Farm or Lease Name MAXWELL
3. Address of Operator P. O. BOX 1188, HOUSTON, TEXAS 77001	9. Well No. 1
4. Location of Well UNIT LETTER B, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 26N RANGE 23E NMPM.	10. Field and Pool, or Wildcat WILDCAT
15. Elevation (Show whether DF, RT, GR, etc.) 6152' GR	12. County COLFAX

16.

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 ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☒ Temporarily Abandoned

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 1103.

10/18/79 - T.D. 3100'. Pulled out of hole with drill pipe and collars.
Ran in hole with drill pipe open ended to 3100'.
Rigged up Halliburton and pumped 100 sacks Halliburton
Light cement for plug. Finished displacement at 9:15 PM
10/18/79. Pulled out of hole with drill pipe. Released rig
to move.

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

SIGNED Richard Boehm TITLE Administrative Manager DATE October 29, 1979

APPROVED BY Carl Ulvog TITLE SENIOR PETROLEUM GEOLOGIST DATE 11/5/79

CONDITIONS OF APPROVAL, IF ANY: