

Submit 3 Copies
to Appropriate
District Office

File	
BLM	
Land Office	
B of M	
Operator	

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

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

'90 OCT 18 AM 9 11

WELL API NO.

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-2693

7. Lease Name or Unit Agreement Name

Salado Dome Fed Unit

8. Well No.

1

9. Pool name or Wildcat
Wildcat

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. Type of Well:

OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator

Mayfair Minerals Inc

3. Address of Operator

P.O. Box 940, McAllen Tx. 78502-094

4. Well Location

Unit Letter L : 1980' Feet From The South Line and 660' Feet From The West Line

Section 34 Township 5 N Range 19 E NMPM Guadalupe County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5226 Gl.

11.

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 OPNS. ☐ PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

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.

9/20/90 Set CIBP at 1185' Pumped 85 sxs Class C Neat
Cement circulated to surface Plugging witnessed by Roy Johnson

10/11/90 Removed Dead men, tubing, pump jack and all junk and trash
Location ready for final inspection.

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

SIGNATURE

TITLE Agent

DATE 10/11/90
(505)

TYPE OR PRINT NAME

Randall L. Harris

TELEPHONE NO. 365-2237

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

12/8/90

CONDITIONS OF APPROVAL, IF ANY