

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.	

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-		7. Unit Agreement Name
2. Name of Operator <i>John Gianardi</i>		8. Farm or Lease Name <i>CKZ</i>
3. Address of Operator <i>P.O. Box 58 Santa Fe, N. Mex. 87501</i>		9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>G</i> , <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>22</i> TOWNSHIP <i>15N</i> RANGE <i>8E</i> NMPM.		10. Field and Pool, or Wildcat <i>Wildcat</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>6209 GR</i>		12. County <i>Santa Fe</i>

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 OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <i>Surface casing rpt.</i> ☐

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 1703.

- a) Requesting a change of plans for a projected TD of 7,500 feet to 9,500 feet due to complex geology
- b) Cemented 9 5/8", 36 lb surface casing, guide shoe set at 623' KB. Plug down 06:15, 12/23/82. Ran 320 sacks of class B cement, circulated 80 sacks to surface.

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

SIGNED _____ TITLE *Operator* DATE *19 January 1983*

APPROVED BY *Carl Wlosq* TITLE *DISTRICT SUPERVISOR* DATE *1/21/83*

CONDITIONS OF APPROVAL, IF ANY: