STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 [X]

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
BLACK OIL, INC.

8. Farm or Lease Name
CASH

3. Address of Operator
P.O. BOX 537, FARMINGTON, NM 87499

9. Well No.
1

4. Location of Well
UNIT LETTER J, 1660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 13N RANGE 9E NMPM.

10. Field and Pool, or Wildcat
WILDCAT

15. Elevation (Show whether DF, RT, GR, etc.)
5900 GR

12. County
Santa Fe

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 [ ] | | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | CHANGE PLANS [ ] | CASING TEST AND CEMENT JOB [ ] | |
| OTHER Plug back and complete [X] | | OTHER [ ] | |

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.

We have drilled a 6-14/" hole to 2595'. No oil or gas zones were encountered in the lower part of the hole. We intend to plug back to our 7" casing and will attempt a completion up hole by perforating the 7" casing. As per your verbal instructions, we intend to place plugs as follows:

2400 - 2520
2110 - 2230
1740 - 1860
1600 - 1325 across the intermiediate casing.

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

SIGNED [signature] TITLE President DATE 3/24/86

APPROVED BY [signature] TITLE DISTRICT SUPERVISOR DATE 5-1-86

CONDITIONS OF APPROVAL, IF ANY:

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ENERGY AND MINERALS DEPARTMENT

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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-
7. Unit Agreement Name:
2. Name of Operator: BLACK OIL, INC.
8. Farm or Lease Name: CASH
3. Address of Operator: P.O. BOX 537, FARMINGTON, NM 87499
9. Well No.: 1
4. Location of Well: UNIT LETTER J, 1660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 13N RANGE 9E NMPM.
10. Field and Pool, or Wildcat: WILDCAT
15. Elevation (Show whether DF, RT, GR, etc.): 5900 GR
12. County: Santa Fe

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 ☐ | | COMMENCE DRILLING OPNS. ☐ | PLUG AND ABANDONMENT ☐ |
| PULL OR ALTER CASING ☐ | CHANGE PLANS ☐ | CASING TEST AND CEMENT JOB ☒ | |
| OTHER ☐ | | OTHER plugged back to 7" ☒ | |

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.

We have plugged back this well as per your verbal instructions as follows:

2400' to 2520' with 30 sx
2110' to 2230' with 30 sx
1740' to 1860' with 30 sx
1600' to 1325' across the intermediate casing with 60 sx, We will perforate selected intervals in the 7" and attempt a completion.

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

SIGNED J. Dean Black TITLE President DATE 3/28/86

APPROVED BY Roy E. Johnson TITLE DISTRICT SUPERVISOR DATE 5-1-86

CONDITIONS OF APPROVAL, IF ANY: