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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

API #30-057-20008

5a. Indicate Type of Lease State ☐ Fee ☒
5. State Oil & Gas Lease No. n/a
7. Unit Agreement Name
8. Farm or Lease Name Shaw
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Torrence

SUNDRY NOTICES AND REPORTS ON WELLS

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

OIL WELL ☒	GAS WELL ☐	OTHER ☐
1. Name of Operator AF Enterprises		
2. Address of Operator P. O. Box 3487, Albuquerque, New Mexico 87190		
3. Location of Well UNIT LETTER <u>M</u> <u>371</u> FEET FROM THE <u>West</u> LINE AND <u>919</u> FEET FROM THE <u>South</u> LINE, SECTION <u>18</u> TOWNSHIP <u>4N</u> RANGE <u>8E</u> NMPM.		

15. Elevation (Show whether DF, RT, GR, etc.)
6350 GLCheck 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 ☒
WELL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIATION WORK ☐	ALTERING CASING ☒
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	OTHER ☐

4. 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.

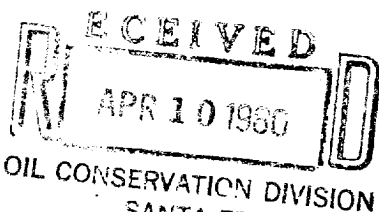
Well to be drilled to test Sangre de Cristo Formation, thoroughly, drill stem testing all shows anticipated, as per adjacent well drilled.

All state regulations requirements to be followed for all drilling and casing requirements.

To be plugged in accordance with State of New Mexico requirements, and in compliance with State regulations, should plugging be necessary.

Shelling depth for casing 175'.

Drilling contractor is Western Drilling, Inc.



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

ED _____ TITLE _____ DATE April 1980

OVED BY _____ TITLE _____ DATE _____
DITIONS OF APPROVAL, IF ANY: