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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

RECEIVED

AUG 15 1978

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 111
7. Unit Agreement Name
8. Farm or Lease Name
9. Well No. 8
10. Field and Pool, or Wildcat
12. County SANTA FE

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.)

ARTESIA, OFFICE

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Name of Operator PRM 201 1877. 00.		
Address of Operator 327 S. ALBANY ST. ALBUQUERQUE, N.M. 87102		
Location of Well UNIT LETTER <u>8</u> FEET FROM THE <u>1</u> LINE AND <u>900</u> FEET FROM THE <u>8</u> LINE, SECTION <u>36</u> TOWNSHIP <u>1</u> RANGE <u>2</u> N.M.P.M.		

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

3474.23 ft

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

returned w/ note to show proposed plugging program.

7-21-78

can follow order (Newall neutron monitor log.

at 232 ft.

will plug well.

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

SIGNED Linda Boal TITLE DOCUMENT DATE 8-15-78

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: