

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-103
Revised 10-1-79

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FEB 5 1982

O.C.D.

ARTESIA, OFFICE

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No. STA-NM-LG-566-1	

SUNDY 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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER		7. Unit Agreement Name N/A
2. Name of Operator VIKING PETROLEUM, INC.		8. Farm or Lease Name Grynberg 32 State
3. Address of Operator 1050 17th Street, Suite 1950, Denver, CO 80265		9. Well No. 4
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>5S</u> RANGE <u>24E</u> NMPM.		10. Field and Pool, or Wildcat Undesignated - ABO
15. Elevation (Show whether DF, RT, GR, etc.) 4161.5' GR		12. County Chaves

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☒ Laid casing

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.

1/30/82 Ran 28 jts. set @908' of 10 3/4" csg. 32#; cemented with 300 sxs Halliburton lite, 2% cal chl, 1/4# flo cel, 300 sxs Class "C", 2% cal chl, 1/4# flo cel. WOC 18 Hrs. Circ 45 sxs back to surface. PT csg to 1000 psi.

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

SIGNED Nancy Stolzle TITLE AGENT DATE 2/2/82
NANCY STOLZLE, JACK GRYNBERG AND ASSOCIATES

APPROVED BY Mr. Williams TITLE OIL AND GAS INSPECTOR DATE FEB 8 1982

CONDITIONS OF APPROVAL, IF ANY: