

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 11 1983

O. C. D.
ARTESIA, OFFICE

Form O-103
Revised 1-1-75

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DISTRIBUTION	
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LAND OFFICE	☐
OPERATOR	☒

1a. Indicate Type of Lease	
State ☐	Permit ☒
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.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator
Cibola Energy Corporation

2. Address of Operator
P.O. Box 1668, Albuquerque, New Mexico 87103

3. Location of Well:
UNIT LETTER H ~~3130~~ 1310 FEET FROM THE ~~EAST~~ NORTH LINE AND ~~3310~~ 340 FEET FROM
~~NORTH~~ EAST 30 LINE, SECTION 10S RANGE 28E TOWNSHIP

7. Unit Agreement Name
8. Name of Lease Name Mabel
9. Well No. 7-Y
10. Field and Pool, or Well ID LE Ranch San Andres
12. County Chaves

15. Elevation (Show whether DF, RT, GR, etc.)
3722.4

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 OPERATIONS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	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.

07/07/83 Drilled a 12½" hole to 320'.
Ran 313' 8 5/8" 23# casing, texas pattern guide shoe and insert float. Cemented with 225 sacks class C cement with 2% CaCl. Circulate 60 sacks to pit. Pressured plug to 750#. Held pressure 30 minutes. WOC 18 hrs.

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

SIGNED Leslie A. Clements TITLE Drilling Secretary DATE 07/08/83
Original Signed By
Leslie A. Clements
Supervisor District II
APPROVED BY _____ DATE JUL 19 1983

CONDITIONS OF APPROVAL, IF ANY: