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DATE	✓	
FILE	✓	
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

RECEIVED BY
FEB 4 1985
O. C. D.

C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Plains 6
9. Well No. 1
10. Field and Pool, or Wildcat Und. Race Track SA
12. County Chaves

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DEEPEN OR TO PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Cibola Energy Corporation

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

Location of Well
UNIT LETTER N 2310 FEET FROM THE West LINE AND 330 FEET FROM
South LINE, SECTION 6 TOWNSHIP 10S RANGE 28E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3824.5

16. 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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <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.

1-29-85 TD at 2500'.

1-30-85 Ran 2450' 4½", 9.5# casing. Cemented with 150 sx self stress cement. Bump plug with 750#. Held pressure for 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 Karen Azar TITLE Drilling Secretary DATE 1-31-85

Original Signed By
Leslie A. Clements TITLE _____ DATE FEB 5 1985
Supervisor District II

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____