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O. C. D.

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

SUNDAY NOTIFICATION 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-
Name of Operator
Cibola Energy Corporation
Address of Operator
P. O. Box 1668, Albuquerque, New Mexico 87103
Location of Well
UNIT LETTER B 380 FEET FROM THE North LINE AND 2200 FEET FROM
THE East LINE, SECTION 19 TOWNSHIP 10S RANGE 28E NMPM.

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 SL 19-1
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat Penn
12. County Chaves

15. Elevation (Show whether DF, RT, GR, etc.)
3760.4 GR

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

7/31/86 Cut 5080' of 5 1/2" casing & pulled it out of hole.

8/03/86 Plugged back well as follows:

1st plug 4894' 40 sx Class C cement
2nd plug 2810' 35 sx Class C cement

We plan to test the San Andres formation by running 4 1/2" casing to 2750. If the well is not economical to produce, we will plug & abandon the well as required by the state.

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

SIGNED Karen Tvede TITLE Geologist DATE 8/4/86

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: