

OIL CONSERVATION DIVISION

Form C-103  
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECEIVED BY O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
**SEP 18 1985**  
O. C. D.  
ARTESIA OFFICE

5a. Indicate Type of Lease  
State  Fee   
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Cibola Energy Corporation	8. Farm or Lease Name Mona
3. Address of Operator P. O. Box 1668, Albuquerque, New Mexico 87103	9. Well No. 3
4. Location of Well UNIT LETTER <u>C</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>10S</u> RANGE <u>28E</u> NMPM.	10. Field and Pool, or Wildcat Race Track San And
15. Elevation (Show whether DF, RT, GR, etc.) 3836.9	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIATION WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" 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 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 1703.

9/14/85 Spudded well with Cable Tool at 5:00 pm.

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 9/16/85

Original Signed By  
Les A. Clements

DATE SEP 19 1985

CONDITIONS OF APPROVAL, IF ANY: Supervisor District 11