

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

NEW MEXICO OIL CONSERVATION COMMISSION

Effective 1-4-85

RECEIVED

SEP 21 '87

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 67
9. Well No. 3
10. Field and Pool, or Wildcat Und. Race Track San Andre
12. County Chaves

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 -" (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 N 990 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 10S RANGE 28E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3827.7 GR

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <u>Change well name</u> <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

7. 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.

We would like to change the name of this well from the Plains 6 #3 to the Plains 67 #3.

Post ID-3
9-25-87
chg. well name

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 9/18/87

Original Signed By Les A. Clements TITLE Supervisor District II DATE SEP 24 1987

PROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____