| NO. OF COPIES RECEIVED  | -                              | Form C-103     |  |   |                                  |
|---|--------------------------------|----------------|--|---|----------------------------------|
| DISTRIBUTION  |                                |                |  |   |                                  |
| SANTA FE / NEW MEXICO OIL PONDE CAPTON COMMISSION   |                                |                |  |   | C-102 and C-103 Effective 1-1-65 |
| FILE  | 1                              | _              |  |   | 5a. Indicate Type of Lease       |
| U.S.G.S.  |                                |                |  |   |                                  |
| LAND OFFICE DEC 2.7 1988  |                                |                |  |   | State Fee.                       |
| OPERATOR  | 3_                             |                |  | -   | 5. State Oil & Gas Lease No.     |
|   | ·                              |                |  | <u> </u>  | Menero                           |
| SUNDRY NOTICES AND REPORTS ON WELLS OFFICE (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.) |                                |                |  |   |                                  |
| l.  |                                | 3              |  |   | 7. Unit Agreement Name           |
| WELL WEI  | O Feet and a second            |                |  |   |                                  |
| 2. Name of Operator   | 8, Farm or Lease Name          |                |  |   |                                  |
| 3. Address of Operat  | 9, Well No.                    |                |  |   |                                  |
| 3. Address of Operation   | 1                              |                |  |   |                                  |
| 4. Location of 320 Nest   | 10. Field and Pool, or Wildcat |                |  |   |                                  |
| 4, Location of the  | Wildon                         |                |  |   |                                  |
| UNIT LETTER   | mmmmmm **                      |                |  |   |                                  |
| THE   |                                |                |  |   |                                  |
| immini  | m                              | $\overline{m}$ | 15. Elevation (Show whether              | DF. RT. GR. etc.  | 12. County                       |
|   |                                |                | 13. Elevation (Snow whether              | DI, KI, OK, ELLIY   | 12. 554                          |
|   |                                |                |  |   |                                  |
| 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   |                                |                |  | COMMENCE DRILLING OPNS.   | PLUG AND ABANDONMENT             |
| PULL OR ALTER CASING  |                                |                | CHANGE PLANS                             | CASING TEST AND CEMENT JOB  |                                  |
|   |                                |                | C+-1                                     | OTHER   |                                  |
| OTHER   |                                |                | LJ                                       |   |                                  |
| Perulat<br>Mai £:<br>35 and<br>The wel  | ilje<br>Lon                    |                | ) to 2055'<br>plug 1145 to 1243'         | ' with retary teels<br>whjeet well as follows.<br>The owner and converted |                                  |
| 18. I hereby certify that the   | inform                         | nation         | n above is true and complete to the best | of my knowledge and belief.   |                                  |
|   | j                              | ,              |  |   |                                  |
| SIGNED SIGNED   | / /                            | Par            | die - TITLE                              |   | DATE SA COMMENT                  |
|   |                                |                | 7  |   |                                  |
| APPROVED BY   | F.                             | 9              | I lumit TITLE                            | OIL AND GAS INSPECTOR   | DEC 271958                       |

CONDITIONS OF APPROVAL, IF ANY: