| OF COPIES RECEIVED   |                              |  | -                                   |                           |                                |                           | -                   |                          | Form C-103<br>Supersedes                  |                         |                 |  |  |
|--|------------------------------|--|-------------------------------------|---------------------------|--------------------------------|---------------------------|---------------------|--------------------------|---|-------------------------|-----------------|--|--|
| DISTRIBUTION   |                              |  |                                     |                           |                                |                           |                     |                          | C-102 and (                               | _                       |                 |  |  |
| SANTA FE   | 1                            | NE   | W MEXICO OL                         | L CONSE                   | RVATION C                      | OMMISSI                   | ON                  |                          | Effective 1                               | 1-65                    |                 |  |  |
| FILE   | , V                          | 1  |                                     |                           | R                              | ECE                       | EI                  | VEI                      | <b>D</b>                                  |                         |                 |  |  |
| U.S.G.S.   |                              | i  |                                     |                           |                                |                           |                     |                          | 5a. Indicate Ty                           | pe of Lease             |                 |  |  |
| LAND OFFICE  |                              |  |                                     |                           |                                | CED                       | <b>,</b>            | 4075                     | State                                     |                         | Fee X           |  |  |
| OPERATOR   |                              |  |                                     |                           |                                | SEP                       | 5                   | 1975                     | 5. State Cil &                            | Gas Lease               | No.             |  |  |
|  |                              | 1  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
|  | SLINDR                       | Y NOTICES  | AND REPOR                           | RTS ON V                  | WELLS                          | ۵. ا                      | C. I                | 3.                       |   | MITT                    |                 |  |  |
| (DO NOT USE THIS   | FORM FOR PRO                 | POSALS TO DRIL                                   | L OR TO DEEPEN                      | OR PLUG BA                | PROPOSALS.)                    | ATESI                     | C, O                | FFICE                    | VIIIIII                                   | 7/////                  |                 |  |  |
| l.   |                              |  |                                     |                           |                                |                           |                     |                          | 7. Unit Agreem                            | ent Name                |                 |  |  |
| OIL WELL WI  | AS ELL                       | OTHER-   | Dril                                | ling w                    | '∈11                           |                           |                     |                          |   |                         |                 |  |  |
| 2. Name of Operator  |                              |  |                                     |                           |                                |                           |                     |                          | 8. Farm or Lea                            | se Name                 |                 |  |  |
| Husky Oil Company of Delaware  |                              |  |                                     |                           |                                |                           |                     |                          |   | Forehand                |                 |  |  |
| 3. Address of Operator   | sinparty c                   | 7 5020110  |                                     |                           |                                |                           |                     |                          | 9. Well No.                               |                         |                 |  |  |
| 600 South Cl   | henny St                     | -reet De   | nuer. Co                            | lorado                    | 80222                          |                           |                     |                          |   | 1                       | ł               |  |  |
| 4. Location of Well  | icrry oc                     | <u> </u>   |                                     | 101000                    |                                |                           |                     |                          | 10. Field and Pool, or Wildcat            |                         |                 |  |  |
| 4. Location of Well  UNIT LETTER K 1980 FEET FROM THE WEST LINE AND 1980 FEET FROM |                              |  |                                     |                           |                                |                           |                     |                          | Wildcat                                   |                         |                 |  |  |
| UNIT LETTER  |                              | LJOU FEE   | T FROM THE                          | wesc                      | LINE AND                       | 1000                      | · 1                 | FEET FROM                | mmn'                                      | ĬĬĬĨĪ.                  | 777777          |  |  |
|  |                              | 1.5  |                                     | 070                       |                                | 075                       | ,                   |                          |   |                         |                 |  |  |
| THE south  | LINE, SECTI                  | on15   | TOWNSHIP_                           | 235                       | RANGE                          |                           |                     | NMPM                     |   |                         | 11111113        |  |  |
|  | *******                      | ~~~~~  |                                     | . 1 7 7                   | DE DE CD -                     | <u> </u>                  |                     |                          | 12. County                                | 777///                  | 44444           |  |  |
|  |                              | 111111 15.                                       | Elevation (Shou                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
|  |                              |  |                                     | 3127                      | ' Ground                       | 1                         |                     |                          | Eddy                                      | _7777.                  | 7777777         |  |  |
| 16.  | Check                        | Appropriate                                      | Box To Ind                          | licate Na                 | ature of No                    | tice, R                   | epoi                | rt or Ot                 | her Data                                  |                         |                 |  |  |
| NO <sup>2</sup>  |                              | NTENTION T                                       |                                     | 1                         |                                |                           |                     |                          | T REPORT O                                | F:                      |                 |  |  |
|  |                              |  |                                     | 1                         |                                |                           |                     |                          |   |                         |                 |  |  |
| PERFORM REMEDIAL WORK  |                              |  | PLUG AND ABAN                       | ID ON                     | REMEDIAL WO                    | RK                        |                     |                          | ALT                                       | ERING CASI              | NG              |  |  |
| TEMPORARILY ABANDON  | Ħ                            |  |                                     | _                         | COMMENCE DR                    | ILLING OP                 | NS.                 |                          | PLU                                       | G AND ABANI             | DONMENT         |  |  |
| PULL OR ALTER CASING   | <b>H</b>                     |  | CHANGE PLANS                        |                           | CASING TEST                    |                           |                     |                          |   |                         |                 |  |  |
| PULL ON ALTER CASING   |                              |  | •                                   | <u> </u>                  | OTHER                          |                           |                     |                          |   |                         |                 |  |  |
|  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
| OTHER  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
| 17. Describe Proposed or   | Completed O                  | perations (Clea                                  | rly state all per                   | tinent deta               | ils, and give p                | ertinent o                | dates,              | including                | g estimated date                          | of starting (           | any proposed    |  |  |
| work) SEE RULE 110   | )3,                          |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
| 8/14/75  | guide :<br>Cemente<br>flosea | shoe, ins<br>ed with 2<br>l per sac<br>ated to s | sert floa<br>200 sacks<br>ck, follo | t valv<br>Halco<br>wed by | e, and c<br>Class '<br>225 sac | entra<br>'C" wi<br>cks Cl | aliz<br>ith<br>lass | zers a<br>2% Ca<br>s "C" | 428'. Raat 418' araCl and 1/<br>with 2% C | nd 340'<br>'4#<br>!aCl. | •               |  |  |
|  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
|  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
|  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
|  |                              |  |                                     |                           | •                              |                           |                     | •                        |   |                         | •               |  |  |
|  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
|  |                              |  |                                     |                           |                                |                           |                     |                          | ,   |                         |                 |  |  |
|  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
|  |                              | •  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
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| 4.1  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
|  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
|  |                              |  |                                     |                           |                                |                           |                     |                          |   |                         |                 |  |  |
| 18. I hereby certify that t  | the later of                 | _ aba !- !                                       | and complete to                     | the heat                  | of my knowledge                | ye and hel                | lief                |                          |   | <del></del>             |                 |  |  |
| is. I hereby certify that t  | ne informatio                | A above is true                                  | and complete to                     | one beat (                | m, anowieds                    |                           |                     |                          |   |                         |                 |  |  |
| Alprin   | 171,                         | (6 M)  |                                     |                           |                                | _                         | _                   |                          | -   |                         | , , , , , , , , |  |  |
| SIGNED WITHER  | 1116                         | M11110   | т                                   | 1TLE                      | Distric                        | ct Geo                    | olog                | <u>gist</u>              | DATE                                      | Sept. 3                 | 5, 197 <u>5</u> |  |  |
|  |                              |  |                                     |                           | <del></del>                    |                           |                     | <del></del>              |   | **********              |                 |  |  |
| 1 /  |                              | 1  | 1                                   |                           |                                |                           |                     |                          | ^-  | 'n 4 4                  | 1075            |  |  |
| ABBROVED BY / N. (   | 4 &                          | nesse  | , T                                 | ITLE SI                   | UPERVISOR.                     | DIST                      | RICT                |                          | BATE SE                                   | <u>, r 4</u>            | 1975            |  |  |

CONDITIONS OF APPROVAL, IF ANY: