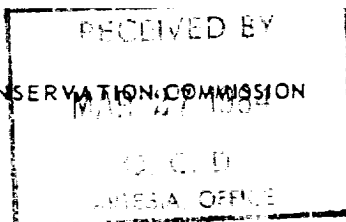


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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION



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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>	
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>STRATIGRAPHIC TEST HOLE</b>	
Name of Operator <b>Cibola Energy Corporation</b>	
Address of Operator <b>P. O. Box 1668, Albuquerque, New Mexico 87103</b>	
Location of Well UNIT LETTER <b>K</b> <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>2300</b> FEET FROM THE <b>West</b> LINE, SECTION <b>27</b> TOWNSHIP <b>11S</b> RANGE <b>28E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3669</b>	
12. County <b>Chaves</b>	

6. 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING CPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> OTHER <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.

11-8-81 TD at 360'

11-8-81 Pumped in 20 sacks Class "C" cement at top of Yates 355'.  
A 5 sack plug was placed at surface. The location was cleaned.

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

SIGNED <u>Karen Oger</u>	TITLE <u>Drilling Secretary</u>	DATE <u>12-08-83</u>
Original Signed By <u>Leslie A. Clements</u> Supervisor District II	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>AUG 11 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		