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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>

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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input checked="" type="checkbox"/>	STRATIGRAPHIC TEST HOLE
Name of Operator Cibola Energy Corporation			
Address of Operator P. O. Box 1668, Albuquerque, New Mexico 87103			
Location of Well UNIT LETTER <u>K</u> FEET FROM THE _____ LINE AND _____ FEET FROM THE _____ LINE, SECTION <u>31</u> TOWNSHIP <u>11S</u> RANGE <u>28E</u> NMPM.			

7. Unit Agreement Name

8. Farm or Lease Name

Cibola

9. Well No.

11

10. Field and Pool, or Wildcat

N/A

15. Elevation (Show whether DF, RT, GR, etc.)
3719

12. County

Chaves

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 ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☒

ILL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

OTHER ☐

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.

6-13-81 TD at 339'. Pumped in 20 sacks Class "C" Cement at top of Yates 305'. A 5 sack plug was placed at the surface and a marker was set. The location was cleaned.

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 12-08-83

Original Signed By
Leslie A. Clement

SUPERVISOR, DISTRICT II

AUG 31 1984

APPROVED BY Supervisor District II

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: