

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>33-005-63529</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>N/A</u>
7. Lease Name or Unit Agreement Name <u>STATE SULPHUR LEASE</u> <u>M-4532</u>
8. Well No. <u>S.B. # 2</u>
9. Pool name or Wildcat <u>WILDCAT</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3453' GR</u>

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)

1. Type of Well:  
OIL WELL ☐ MINERAL EXPLORATION  
WELL ☐ OTHER DRILL HOLE

2. Name of Operator  
GOLDEN FIELDS MINING CORP.

3. Address of Operator  
200 UNION BLVD., LAKEWOOD, CO 80228

4. Well Location  
Unit Letter 400 Feet From The NORTH Line and 1700 Feet From The WEST Line  
Section 13 Township 14 S Range 27 E NMPM CHAVES County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3453' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. 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.

Total Depth: 754 feet, vertical

Hole Dimensions: 7 7/8 inch casing to 19 feet; HQ wire line core to T.D.

Water-Bearing Strata: Water was not encountered

Plugging: Date - May 14, 1989; well plugged from T.D. to surface with completion mud

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

SIGNATURE Michael B. Thomsen TITLE SULPHUR MANAGER DATE 6/15/89  
TYPE OR PRINT NAME MICHAEL B THOMSEN TELEPHONE NO. (303) 988-0360

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: