

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. 20-005-63532

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. N/A

RECEIVED
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 ☐ GAS ☐
WELL ☐ WELL ☐
C.C. DRILL MINERAL EXPLORATION
OTHER DRILL HOLE

2. Name of Operator RESIA, OFFICE
GOLD FIELDS MINING CORP

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

4. Well Location
Unit Letter _____ : 1700 Feet From The WEST Line and 2380 Feet From The NORTH Line

Section 22 Township 14 S Range 27 E NMPM CHAVEZ County

10. Elevation (Show whether DF, RAB, RT, GR, etc.)

3421' 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: 470 feet, vertical

Hole Dimensions: 8 3/4 inch hole and 7 inch casing to 120 feet; 5 inch hole to T.D.

Water-Bearing Strata: Water encountered at 400 feet; water did not flow at surface at T.D.

Plugging: Date - November 3, 1988; well plugged from T.D. to 40 feet with mud; well plugged from 40 feet to surface with cement; mud type - Gel Pac; 10 minute gel strength - 24 lbs./100 sq. ft.; filtrate volume (API) - 10.4 cc

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: