

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. 30-005-65537	
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name STATE SULPHUR LEASE # M-4534	
8. Well No.	BL #1
9. Pool name or Wildcat	WILDCAT

RECEIVED BY 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> MINERAL EXPLORATION DRILL HOLE	
2. Name of Operator GLADSTONE, OFFICE GLADSTONE FIELDS MINING CORP.	
3. Address of Operator 200 UNION BLVD., LAKEWOOD, CO 80228	
4. Well Location Unit Letter _____ Feet From The WEST Line and 1600 Feet From The NORTH Line Section 16 Township 15 S Range 27 E NMM CHAVES County	
10. Elevation (Show whether DF, RAB, RT, GR, etc.) 3402' 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: 800 feet, vertical

Hole Dimensions: 8 3/4 inch hole and 7 inch casing to 50 feet; 5 inch hole to T.D.

Water-Bearing Strata: No water reported

Plugging: Date - December 5, 1988; well plugged from T.D. to surface with mud; mud type - Gel Pac; 10 minute gel strength - 24 lbs./100 sq. ft.; filtrate volume (API) - 12.4 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 THOMSEN

TELEPHONE NO.

303 988-0360

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: