

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. 50-015-32514
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-4550
8 Well No. A#1
9 Pool name or Wildcat WILDCAT
10. Elevation (Show whether DF, RKB, RI, GR, etc.) 3344' GR

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"
JUN 19 1989 (FORM C-101) FOR SUCH PROPOSALS)

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

2. Name of Operator
GOLD FIELDS MINING CORP

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

4. Well Location
Unit Letter _____ Feet From The NORTH Line and 900 Feet From The EAST Line
Section 4 Township 17 S Range 26 E NMJM EDDY County

10. Elevation (Show whether DF, RKB, RI, GR, etc.)
3344' 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 OPS. ☐ 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: 540 feet, vertical

Hole Dimensions: 7 7/8 inch casing to 19 feet; 5 5/8 inch casing to 331 feet; HQ wire line core to T.D.

Water-Bearing Strata: Water was not encountered

Plugging: Date - May 31, 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: