

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒
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.)

1. OIL ☒ WELL GAS ☐ WELL OTHER- 2. Name of Operator TESORO PETROLEUM CORPORATION 3. Address of Operator 8700 TESORO DRIVE, SAN ANTONIO, TX 78286 4. Location of Well UNIT LETTER P 990 FEET FROM THE South LINE AND 1040 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 17N RANGE 9W N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) 6963' GR 7. Unit Agreement Name 8. Farm or Lease Name SANTA FE RR 'A' 9. Well No. 82 10. Field and Pool, or Wildcat SOUTH HOSPAH 12. County MC KINLEY
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18. 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 OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

17. 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.

Propose deepening well an additional 69' in the same reservoir, the HOSPAH Formation.

Well will be deepened and completed open hole from the current TD 1536' GR. New TD will be 1605' GR.

Plan the proposed project in August, 87.

RECEIVED
JUN 19 1987
OIL CON. DIV.
DIST. 3

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

Signed Charles Olson TITLE AREA PRODUCTION FIREMAN DATE 6/17/87

Original Signed by CHARLES OLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE JUN 19 1987

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: