

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108	9. Well No. 1
4. Location of Well UNIT LETTER B, 760 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 16 N RANGE 10 W N.M.P.M.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7255 Ground	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

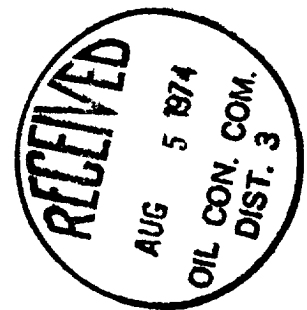
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

Plan to plug and abandon as follows:

10 sacks cement @ T.D. 718'  
10 " " @ 475'  
5 " " @ Surface

40' 8 5/8" surface casing to remain in hole  
Place appropriate dry hole marker  
Fill in pits and level area



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

SIGNED Gene D. Wilson TITLE President DATE \_\_\_\_\_

APPROVED BY Cathy E. Lewis TITLE SUPERVISOR DIST. #3 DATE AUG 5 1974

CONDITIONS OF APPROVAL, IF ANY: