

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 1901, Hobbs, NM 88240

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Grande Rd., Aztec, NM 87410

WELL API NO. 30-039-23276

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EL POSO RANCH

8. Well No. 3

9. Pool name or Wildcat
WILDCAT DAKOTA

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 WELL GAS WELL OTHER

2. Name of Operator
CHUZA OPERATING CO.

3. Address of Operator
P.O. BOX 51 - FARMINGTON, NM 87499

4. Well Location
Unit Letter F : 1850 Feet From The W Line and 1800 Feet From The W Line

Section 14 Township 28N Range 01E NMPM Rio Arriba County

10. Elevations (Show whether DF, RKB, RT, GR, etc.)

11. 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 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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.
① MOVE IN RU-TIH W/F 2 3/8" EUE TAG PBTD 15L
② RUN 12SK Plug - TAG plug @ 1444'
③ RUN 20SK Plug - 206-0 Topped OFF
④ CLEANED LOCATION & ERRECTED DRY HOLE MARKS

RECEIVED
SEP 15 1997

OIL CON. DIV.
DIST. #2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE John Cunningham TITLE AGENT DATE 9/3/97
TYPE OR PRINT NAME JOHN CUNNINGHAM TELEPHONE NO. 327-993

(This space for State Use)
APPROVED BY Johnny Robinson TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE SEP 15 1997
CONDITIONS OF APPROVAL, IF ANY:

