

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-045-08389

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

F-6515

7. Lease Name or Unit Agreement Name

Schultz Com A

8. Well No.

5

9. Pool name or Wildcat

Aztec Pictured Cliffs

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

Taurus Exploration, U.S.A., Inc.

3. Address of Operator

2198 Bloomfield Highway; Farmington, NM 87401

4. Well Location

Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line

Section 16 Township 29N Range 10W NMPM San Juan County

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

5762GL

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: Recomplete

☒

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.

A review of this well indicated workover potential. A long-term shut-in is requested until August 1, 1998 to fully evaluate the workover potential.

RECEIVED
DEC 22 1997
OIL CON. DIV.
DIST. 3

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

SIGNATURE

TITLE Production Superintendent

DATE 12/17/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

DEC 22 1997

CONDITIONS OF APPROVAL, IF ANY: