

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.

30-045-09727

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. 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. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

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

8. Well No.

1

3. Address of Operator

2198 Bloomfield Highway; Farmington, NM 87401

9. Pool name or Wildcat

Aztec PC

4. Well Location

Unit Letter F: 1390 Feet From The North Line and 1900 Feet From The West Line

Section 9 Township 30N Range 11W NMPM San Juan County

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

5617 GL

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.

This well appears to have refrac potential. A long term shut-in until August 1, 1998 is requested to evaluate workover potential.

RECEIVED  
DEC 2 2 1997

W. J. JONES, JR.  
DISTRICT ENGINEER

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

SIGNATURE

*[Signature]*

TITLE Production Superintendent

DATE 12/17/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

*[Signature]*

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

DEC 22 1997

CONDITIONS OF APPROVAL, IF ANY