State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office

OIL CONSERVATION DIVISION

DISTRICT I	OIL CONDLIC		JI (10101)					
O. Box 1980, Hobbs, NM 88240		P.O. Box 2088			WELL API NO.			
DISTRICT II	Santa Fe, New Mexico 87504-2088				30-045-10020			
P.O. Drawer DD, Artesia, NM 88210				5. 1	Indicate Type of Lease			
DISTRICT III					S	TATE X	FEE	
1000 Rio Brazos Rd., Aztec, NM 8741	0			6.	State Oil & Gas Lease No	٥.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					SF-3159-A			
SUNDRY NOTICES AND REPORTS ON WELLS					STATE OF THE STATE			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					Lease Name or Unit Agre	eement Name		
	T RESERVOIR. USE "APPLICAT							
(FORM C-101) FOR SUCH PROPOSALS.)					Horseshoe Gallup Unit			
1. Type of Well			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
OIL X	GAS WELL	OTHER:						
2. Name of Operator				8.	Well No.			
Central Resources, Inc.					228			
3. Address of Operator					9. Pool name or Wildcat Horseshoe Gallup			
	, Farmington, New Mexico	87499			Horseshoe	Janup		
4. Well Location	((O) m (A) d	North	Line and	1980	Feet from The	West	Line	
Unit Letter	: 660 Feet from the	North	Line and	1700				
2	Township 301	N Range	16W	NM	IPM Sa	an Juan	County	
Section Z	10. Elevation	on (Show who	ether DF, RKB, I	RT, GR, etc.,) (44.4)	man katalaka k	A CARLON	
						1412	4.	
11. CI	neck Appropriate Box to	o Indicate N	Nature of No	otice, Re	port, or Other	Data		
	INTENTION TO:			SUBSE	QUENT REP	ORT OF:		
•	PLUG AND ABANDON		REMEDIAL WOR			ALTERING CASING		
PERFORM REMEDIAL WORK	<u></u>					PLUG AND ABANDO	NMENT	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DE	CILLING OPN	ls.	FEOG AND ADAMOO		
PULL OR ALTER CASING CASING TEST AND					IT JOB			
OTHER:			OTHER: Re	turn to Pro	duction		X	
work) SEE RULE 1103. Central Resou	rces, Inc. returned the subject tested at 14 Bopd and 2 B	ect well to pro				date of starting any	proposed	
					*	-		
71	above is true and complete to the best o	f my knowledge and	belief.					
i nearby certify that the information	1 above is true and complete to the best of	, knowledge and						
SIGNATURE		TITLE	Production E	Engineer		DATE 9/21/97	<u> </u>	
SIGNATURE	WILL TO THE							

TYPE OR PRINT NAME (This space for State Use)

APPROVED BY

Gregory E. McIntosh

DEFINE OF & GAS INSPECTOR, DIST. #3

TELEPHONE NO.

(505)326-3325

CONDITIONS OF APPROVAL, IF ANY: