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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Kaempf
9. Well No. 1
10. Field and Pool, or Wildcat Basin Dakota
12. County San Juan

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CLEAN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator RODNEY P. CALVIN OIL AND GAS
3. Address of Operator Minerals Management, Inc. 501 Airport Drive Farmington New Mex. 87401
4. Location of Well UNIT LETTER <u>H</u> <u>790</u> FEET FROM THE <u>South</u> LINE AND <u>1450</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>30N</u> RANGE <u>11W</u> N.M.P.M.
15. Elevation (Show whether DE, RT, GR, etc.) 5644.1 GR. 5656 RDB

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Complete upper zones</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

It is proposed to set cement retainer, squeeze open hole below casing, perforate selected zones from log in Dakota formation, stimulate and return well to production.



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

SIGNED J. Arnold Smith TITLE Area Manager
Minerals Management, Inc. DATE 11-11-74

APPROVED BY _____ TITLE SUPERVISOR DIST. #3 DATE 11-13-74

CONDITIONS OF APPROVAL, IF ANY: