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OPERATOR	1

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-3876	
7. Unit Agreement Name	
8. Farm or Lease Name State	
9. Well No. No. 1A (old #2)	
10. Field and Pool, or Wildcat Blanco Mesaverde	
12. County San Juan	

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.)

OIL WELL ☐ GAS WELL ☒ OTHER- ☐

Name of Operator
Palmer Oil & Gas Company

Address of Operator
P. O. Box 2564, Billings, Montana 59103

Location of Well
UNIT LETTER N 800 FEET FROM THE South LINE AND 1675 FEET FROM
THE West LINE, SECTION 2 TOWNSHIP 31N RANGE 7W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6553 grd

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 type="checkbox"/>
NULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	Number Change <input checked="" type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

Well will be completed in the Mesaverde; therefore, number changed back to State No. 1A rather than State No. 2.

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

SIGNED Grace E. Brown TITLE Assistant Secretary DATE 10/12/77

APPROVED BY AR Kendrick TITLE Secretary DATE 10/12/77

CONDITIONS OF APPROVAL, IF ANY:

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5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-3876

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Palmer Oil & Gas Company 3. Address of Operator P. O. Box 2564, Billings, Montana 59103 4. Location of Well UNIT LETTER <u>N</u> , <u>800</u> FEET FROM THE <u>South</u> LINE AND <u>1675</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>31N</u> RANGE <u>7W</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 6553 grd	7. Unit Agreement Name 8. Farm or Lease Name State 9. Well No. No. 2 (old #1A) 10. Field and Pool, or Wildcat S. LasPinos Fruitland Ext. Undesignated Pictured Cliffs 12. County San Juan
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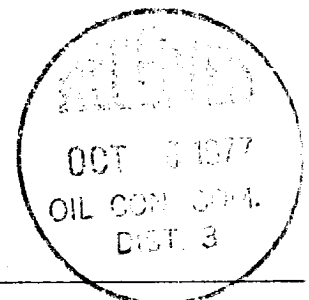
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Status Report -Number Change

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.

Ran 92 joints 7" 20# casing to 3650' and cemented with 550 sx 65/35 pozmix.

Well will be completed in the Fruitland-Pictured Cliffs; therefore, number changed to State No. 2 rather than State #1A as originally approved.



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

SIGNED Grace E. Brown TITLE Assistant Secretary DATE 9/29/77

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: