

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator C & E Operators, Inc.		8. Farm or Lease Name Fee
3. Address of Operator One Energy Square - Suite 170 - Dallas, Texas 75206		9. Well No. 3
4. Location of Well UNIT LETTER I, 1640 FEET FROM THE South LINE AND 1000 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 30N RANGE 11W NMPM.		10. Field and Pool, or Wildcat Blanco MV
15. Elevation: (Show whether DF, RT, GR, etc.)		12. County San Juan

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

We request intent to drill be extended 90 days.

1-26-80

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

SIGNED <u>J. R. Cunningham by mt</u>	TITLE <u>Agent</u>	DATE <u>10/25/79</u>
Original Signed <u>J. R. Cunningham</u>		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		