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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒
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.)

OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
Name of Operator El Paso Natural Gas Company	8. Farm or Lease Name Montgomery
Address of Operator PO Box 4289, Farmington, NM 87499	9. Well No. 2
Location of Well UNIT LETTER <u>A</u> <u>800'</u> FEET FROM THE <u>North</u> LINE AND <u>1100</u> FEET FROM THE <u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>30N</u> RANGE <u>11W</u> NMPM.	10. Field and Pool, or Wildcat Basin Dakota
11. Elevation (Show whether DF, RT, GR, etc.) 5586' GL	12. County San Juan

6. 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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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.

4-10-85 Spudded well at 9:00 am. Drilled 318' surface hole.
Ran 7 jts. 9 5/8", 36.0#, K-55 casing, 302' set at
314'. Cemented with 170 sks. Class "B" with 1/4 gel-flake
per sack with 3% calcium chloride. Circulated 15 bbls.
good cement to surface. WOC 12 hours.

3006 CF.

*will need to report pressure
test by casing*

RECEIVED
APR 11 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Frank T. Chavez TITLE Drilling Clerk DATE April 11, 1985

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE APR 11 1985

CONDITIONS OF APPROVAL, IF ANY: