

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

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

El Paso Natural Gas Company

Address of Operator

P. O. Box 4289, Farmington, NM 87499

Location of well

UNIT LETTER E 1850 FEET FROM THE North LINE AND 1115 FEET FROM
THE West LINE, SECTION 21 TOWNSHIP 30N RANGE 11W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Fifield

9. Well No.

4

10. Field and Pool, or Wildcat
Blanco Mesa Verde

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

5754' GL

12. County
San JuanCheck Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:PERFORM REMEDIAL WORK ☐TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐PLUG AND ABANDON ☐CHANGE PLANS ☐OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING TEST AND CEMENT JOB ☐OTHER ☐ALTERING CASING ☐PLUG AND ABANDONMENT ☐Running Casing ☒

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.

12-29-85 Spudded well at 12:00 PM 12-29-85. Drilled to 230'. Ran 5
jts. 9 5/8", 32.3#, H-40 surface casing set at 224'.
Cmt'd w/117 sks class B, w/3% calcium Chloride, 1/4# gel flake/sk
(138 cu ft). Circulated to surface. WOC 12 hrs. Tested 600#/30
minutes, held ok.

RECEIVED
JAN 02 1986
OIL CON. DIV.
DIST. 3

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

SIGNED Frank T. ChavezTITLE Drilling ClerkDATE 12-31-85

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____

TITLE SUPERVISOR DISTRICT # 3

DATE

JAN 02 1986

CONDITIONS OF APPROVAL, IF ANY: