

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-045-27248
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-5386, B-11370, E-3150
7. Lease Name or Unit Agreement Name	Pubco State Com
8. Well No.	1A
9. Pool name or Wildcat	Blanco Mesa Verde
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	6061' GR

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator GREAT WESTERN DRILLING CO.
3. Address of Operator 2550 La Plata Hwy Farmington, NM 87401	4. Well Location Unit Letter <u>I</u> : <u>935</u> Feet From The <u>East</u> Line and <u>1690</u> Feet From The <u>South</u> Line Section <u>36</u> Township <u>31N</u> Range <u>11W</u> NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6061' GR	

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

12. 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.

Change cement program on 7" casing from foam cement to light weight glass bubbles and cement circulated to surface.

RECEIVED
OCT 30 1989
OIL CON. DIV.
DIST. 3

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

SIGNATURE D. E. Bay TITLE Superintendent DATE August 5, 1989
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____ TITLE SUPERINTENDENT DATE 8/5/89

CONDITIONS OF APPROVAL, IF ANY: