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## State of New Mexico

Form C-103

District Office	Elle	gy, minerals and Na	iturai K	esources Department	f.	Rev	ised 1-1-8
DISTRICT I	OH	CONSERV	ATI	ON DIVISION			
P.O. Box 1980, Hobbs, N	M 88240	P.O. B			WELL API NO		
DISTRICT II						3004529402	
P.O. Box Drawer DD, Arte	sia, NM 88210	Santa Fe, New	Mexico	5 87504-2088	5. Indicate 1	Type of Lease	
DISTRICT III						STATE 🔀	FEE _
1000 Rio Brazos Rd., Azte	ec, NM 87410				6. 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.)						me or Unit Agreement Name CO STATE COM DY	ATT COL
Type of Well: OIL WELL	GAS WELL	OTHER					
2. Name of Operator	FOUR STAR OIL AN	ID GAS COMPANY			8. Well No.	1	
3. Address of Operator	3300 N. Butler Ave.,	Suite 100 Farmin	gton	NM 87401	9. Pool Name	or Wildcat BLANCO - MESA VERDE	
4. Well Location					•		
Unit Letter	D : 805	Feet From The	NOR	TH Line and 810	Feet From	The WEST Line	
Section 36	Town			Range R12W NM	1PM	SAN JUAN_COUNT	Y
<b>144</b>	10. E	levation (Show whethe	r DF, RK	B, RT,GR, etc.) 5943'		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 -44
11.	Check Appropr	iate Box to Indica	te Nat	ure of Notice, Report,	or Other F	Data	
NOTICE OF	INTENTION TO			1		NT REPORT OF:	
PERFORM REMEDIAL WOR	K PLUG A	ND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANG	E PLANS	$\overline{\Box}$	COMMENCE DRILLING OPE	RATION 🖂	PLUG AND ABANDONME	<b>√</b>
PULL OR ALTER CASING	H		_	CASING TEST AND CEMEN			
OTHER:				OTHER:		URFACE CASING	$\boxtimes$
12. Describe Proposed or ( any proposed work) SI FOUR STAR OIL & GAS O 9/28/96 - SPUD 12-1/4" H	EE RULE 1103. COMPANY HAS COM	PLETED THE FOLLO	OWING	ON THE SUBJECT WELL	:		tarting
RUN 8 JTS. 8-5/8", 24#, W FLOCELE. 15.8 PPG & 1. CASING HEAD. PRESSU HR WAIT, DRILL CEMENT	.15 CU. FT. / SX.  CIR IRE TEST WELLHEAI	CULATE 102 SXS TO D TO 500 PSI. NU B	O SURF OP ANI	FACE. WAIT ON CEMENT O CHOKE MANIFOLD. PR	CUT OFF:	8-5/8" CASING MEID OF	NI .
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NEGET VE DO OCT - 2 1996 OIL COM. DIV. DIST. 2

Thereby and the that the left-matter share the			
I hereby certify that the information above is true and co	implete to the best of my knowledge al	TITLEOperating Unit Manager	DATE9/30/96
TYPE OR PRINT NAME	Ted A. Tipton		Telephone No. 325-4397
(This space for State Use)			
APPROVED CONDITIONS OF APPROVAL, IF ANY:	TITLE	SUPERVISOR DISTRICT # 3	OCT - 2 1996
Original Signed b	y FRANK T. CHAVEZ		