Form C-103 State of New Mexico **Submit 3 Copies Revised 1-1-89** Energy, Minerals and Natural Resources Department to Appropriate **District Office OIL CONSERVATION DIVISION** WELL API NO. DISTRICT I 30-45-23008 2040 South Pacheco Street P.O. Box 1980, Hobbs, NM 88240 Santa Fe. New Mexico 87505-5472 5. Indicate Type of Lease **DISTRICT II** STATE FEE x P.O. Drawer DD. Artesia, NM 88210 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 7. Lease Name or Unit Agreement Name A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OIL **GAS** Montoya WELL X **OTHER** WELL 8. Well No. 2. Name of Operator 1-m CHATEAU OIL AND GAS, INCORPORATED 9. Pool name or Wildcat 3. Address of Operator BASIN DAKOTA/BLANCO MESAVERDE 5802 HIGHWAY 64, FARMINGTON, NEW MEXICO 87401 4. Well Location Line 790 Feet From The east 1550 Feet From The SOuth Line and Unit Letter i County si **NMPM** Township 32n 13w Section 35 10. Elevation (Show whether DF, RKB, RT, Gr, etc.) 5874 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: 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 Dakota was p&a'd as per procedure on 9/27/97 with 55 sxs class h neat w/ 2% cacl. Perforated 2 holes at 2400' of .35 diameter, set packer and squeezed 560 sxs as follows 300 sxswith 2% c-lite and 260 sxs with 2% cacl2 back to surface shoe. Ran temp survey to find cement top at surface shoe. Had survey approved by NMOCD. Will perforate and squeeze back to surface from below surface casing when well is p&a'd. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE SUPERINTENDENT

10/08/97

TYPE OR PRINT NAME

TELEPHONE NO. (505) 632-8056

(This space for State Use)

chriny Robinson TITLE DEPUTY CIL & GAS INSPECTOR, DIST. #3

DATE OCT 1 3 1997

CONDITIONS OF APPROVAL, IF ANY: