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U.S.C.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-

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.
SEE "APPLICATION FOR PERMIT -" FORM C-1011 FOR SUCH PROPOSALS.)

OIL WELL ☐	GAS WELL ☒	OTHER-	7. Unit Agreement Name
Name of Operator Southland Royalty Company			8. Farm or Lease Name Culpepper Martin
Address of Operator P.O. Box 4289, Farmington, New Mexico 87499			9. Well No. 104
Location of Well UNIT LETTER <u>A</u> <u>1070</u> FEET FROM THE <u>North</u> LINE AND <u>825</u> FEET FROM THE <u>East</u> LINE, SECTION <u>29</u> TOWNSHIP <u>32N</u> RANGE <u>12W</u> N.M.P.M.			10. Field and Pool, or Wildcat Basin Fruitland Coa
15. Elevation (Show whether DF, RT, GR, etc.) 5957' GL			12. County San Juan

Check 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 Permit to Drill Extension

SUBSEQUENT REPORT OF:

REMEDIATION WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING
PLUG AND ABANDONMENT

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.

It is anticipated that the "Permit to Drill" will expire before this well can be spudded; Therefore, an extension is requested.

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NOV 15 1989

OIL CON. DIV.
DIST. 3

APPROVAL EXPIRES 6-19-90
UNLESS DRILLING IS COMMENCED.
SPUD NOTICE MUST BE SUBMITTED
WITHIN 10 DAYS.

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

ISSUED [Signature] TITLE Regulatory Affairs

DATE 11-13-89

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT ☐

APPROVED BY _____

TITLE _____

DATE NOV 15 1989

CONDITIONS OF APPROVAL, IF ANY: