

P 30-039-21253 6-15-76

24 45/S 1960/W
2510/H 1870/E
F. Loc. 675/N; 330/W

6890
6920 GL

Casing S. @ W Sx. Int. @ W Sx. Pr. @ W Sx. T. @
Csg. Perf. Prod. Stim.

TRANS

I.P. BO/D MCF/D After Hrs. SICP PSI After Days GOR Grav. Ist Del. s

TOPS		NITD	Well Log	TEST DATA							
Kirtland		C-103	Plat XXX	Schd.	PC	Q	PW	PD	D	Ref.No.	
Fruitland		C-104	Electric Log								
Pictured Cliffs			C-122								
Cliff House		Ditr	Dfa								
Menefee		Datr	Dac								
Point Lookout		40									
Mancos											
Gallup											
Sanostee											
Greenhorn											
Dakota											
Morrison											
Entrada											

Penn RA 6 22N 3E U. K C.S.T. Enterprises, Inc. Morfine No. 1

Morfine #1

K-6-22N-3E

C. S. T. Enterprises, Inc.

N. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
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.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

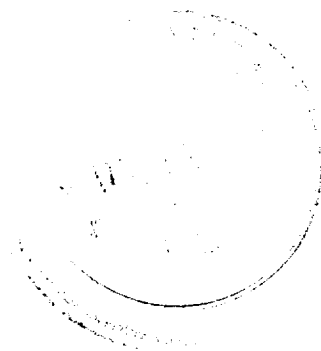
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator C.S.T. Enterprises Inc.	8. Farm or Lease Name Morfino
3. Address of Operator 501 Airport dr. Suite 110 Farmington, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER K 2495 FEET FROM THE South LINE AND 1960 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 22 N RANGE 3 E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 6890 GR	12. County Rio Arriba

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Abandon location

17. 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.

This was an abandon location and Not drilled.



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

SIGNED <i>[Signature]</i>	TITLE President	DATE 8-21-78
APPROVED BY <i>[Signature]</i>	TITLE SUPERVISOR	DATE AUG 1 1978
CONDITIONS OF APPROVAL, IF ANY:		