

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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SANTA FE		
FILE		<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Carbon Dioxide	7. Unit Agreement Name
2. Name of Operator E. T. Ross	8. Farm or Lease Name Hayoz
3. Address of Operator Box 476 Panhandle Texas 79068	9. Well No. # 4
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 19 North RANGE 30 East NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4490 MSL	12. County Harding

16. 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"/>

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.

Request a 180 day extension of time on drilling permit

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4-10-86
UNLESS DRILLING UNDERWAY

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

SIGNED <u>E. T. Ross</u>	TITLE <u>Operator</u>	DATE <u>10-2-85</u>
APPROVED BY <u>Ray Johnson</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>10-10-85</u>
CONDITIONS OF APPROVAL, IF ANY:		