ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

API #30-057-20008

5a. Indicate Type of Lease: State ☐ Fee ☒

5. State Oil & Gas Lease No.: n/a

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 ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name:

2. Name of Operator: RAF Enterprises

8. Farm or Lease Name: Shaw

3. Address of Operator: P. O. Box 3487, Albuquerque, New Mexico 87190

9. Well No.: 1

4. Location of Well: UNIT LETTER M, 371 FEET FROM THE West LINE AND 919 FEET FROM THE South LINE, SECTION 18 TOWNSHIP 4N RANGE 8E NMPM.

10. Field and Pool, or Wildcat: Wildcat

15. Elevation (Show whether DF, RT, GR, etc.): 6350 GL

12. County: Torrence

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☒
TEMPORARILY ABANDON ☐	CHANGE PLANS ☒	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

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.

Well to be drilled to test Sangre de Cristo Formation, thoroughly, drill stem testing all shows anticipated, as per adjacent well drilled.

All state regulations requirements to be followed for all drilling and casing requirements.

To be plugged in accordance with State of New Mexico requirements, and in compliance with State regulations, should plugging be necessary.

Shelling depth for casing 175'.

Drilling contractor is Western Drilling, Inc.

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APR 17 1980
OIL CONSERVATION DIVISION
SANTA FE

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

SIGNED _____ TITLE _____ DATE April 1980

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: