

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP  
INSTRUCTIONS  
(SEE REVERSE SIDE)

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Form approved  
Public Bureau No. 42-R1424  
LEASE REGISTRATION AND SERIAL 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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Cibola Energy Corporation		7. UNIT AGREEMENT NAME Agua Negra	
3. ADDRESS OF OPERATOR P.O. Box 1668, Albuquerque, New Mexico 87103		8. FARM OR LEASE NAME Agua Negra	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FWL & 1980' FNL		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3904.4 Gr.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8-9S-28E	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

NM OIL COMMISSION  
Drawer DD  
Artesia, NM 88210

RECEIVED

DEC 7 1981

O. C. D.

ARTESIA, OFFICE

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

The subject well is to be drilled a gas well and not a oil well as proposed.

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OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED Anita Vigil

TITLE Drilling Secretary

DATE 11-30-81

(This space for Federal or State office use)  
ACCEPTED FOR RECORD  
ROGER A. CHAPMAN

APPROVED BY  
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

DEC 3 1981

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

See Instructions on Reverse Side