

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department.

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>50-205-63533</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>N/A</u>
7. Lease Name or Unit Agreement Name <u>STATE SULPHUR LEASE</u> <u># M-4547</u>
8. Well No. <u>D.F. #3</u>
9. Pool name or Wildcat <u>WILDCAT</u>
10. Elevation (Show whether DF, RAB, RT, GR, etc.) <u>3428' GR</u>

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. Type of Well
OIL WELL ☐ MINERAL EXPLORATION ☒
WELL ☐ JUN 19 '89 ☐ OTHER ☐ DRILL HOLE

2. Name of Operator
GOLDEN FIELDS MINING CORP.

3. Address of Operator, Office
200 UNION BLVD, LAKEWOOD, CO 80228

4. Well Location
Unit Letter _____ : 1000 Feet From The EAST Line and 1500 Feet From The NORTH Line
Section 27 Township 14 S Range 27 E NMMN CHAVES County

11. 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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. 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.

Total Depth: 594 feet, vertical

Hole Dimensions: 7 7/8 inch casing to 19 feet; 5 5/8 inch casing to 104 feet; HQ wire line core to T.D.

Water-Bearing Strata: Water was not encountered

Plugging: Date - May 18, 1989; well plugged from T.D. to surface with completion mud

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

SIGNATURE Michael B. Thomsen TITLE SULPHUR MANAGER DATE 6/15/89
TYPE OR PRINT NAME MICHAEL B. THOMSEN TELEPHONE NO (303) 988-0360

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: