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ENERGY AND MINERALS DEPARTMENT	NSERVATION DIVISION	
DISTRIBUTION	P. O. BOX 2088	. Form C-103 Revised 10-1-78
	FE, NEW MEXICO 87501	Kevised IU-I-/8
FILE		Sa. Indicate Type of Lease
U.S.O.S.		State Fee X
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		N/A
	·	
SUNDRY NOTICES AND RE	PORTS ON WELLS EPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. 2-1011 FOR SUCH PROPOSALS.)	
		7. Unit Agreement Name None
Name of Operator		8, Farm or Lease Name
METEOR DEVELOPMENTS, INC.	•	Santa Fe Pacific
Address of Operator		9. Well No. 11
12842 Valley View #104, Garden Grove, CA 92645		
Location of Well		10. Field and Pool, or Wildcat
	North LINE AND 380 PEET FROM	ossroads Siluro-Devonian
UNIT LETTER J J J J J J J J J J J J J J J J	LINE AND PEET FROM	
11h 96	9-5 36-E	
THE West LINE, SECTION 26 TOWN	SHIP RANGE HMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
4035 DF		
		Lea Allilli
6. Check Appropriate Box To	Indicate Nature of Notice, Report or Oth	ier Data
NOTICE OF INTENTION TO:	SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	ABANDON REMEDIAL WORK	ALTERING CABING
	COMMENCE DRILLING OPNS.	PLUS AND ABANDONMENT
TEMPORARILY ABANDON	PLANS CASING TEST AND CEMENT JOB	·
PULL OR ALTER CASING		
other		
	Il pertinent details, and give pertinent dates, including	estimated date of starting any proposed

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starti work) SEE RULE 1703.

This well is produced by submergible pump and was of non-operating status when Meteor Developments, Inc. acquired the Santa Fe Pacific lease from Mobil Producing Texas & New Mexico, Inc. The well had a down-hole short and required cable repairs and lifting equipment replacement.

The remedial work was performed on March 25, 1987.

The well was put on stream on April 15, 1987.

18. I hereby certify that the information above is true and	complete to the best of my knowledge and belief.		
HENED Vienes M. Mare	Vice President		i i
Orig. Signed by Paul Kautz	TITLE	JUN 1 1 1987	
ONDITIONS OF APPROVAL, IF ANY:	•		