

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-031-20369
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator BCED operating, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1680, Hobbs, NM 88241		7. Lease Name or Unit Agreement Name: Santa FE RR "B"
4. Well Location Unit Letter L : 2310 feet from the South line and 330 feet from the WEST line Section 5 Township 17N Range 8W NMPM County McKinley		8. Well No. 33
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 6870' GL		9. Pool name or Wildcat HOSPAA UPPER sand, 5TH

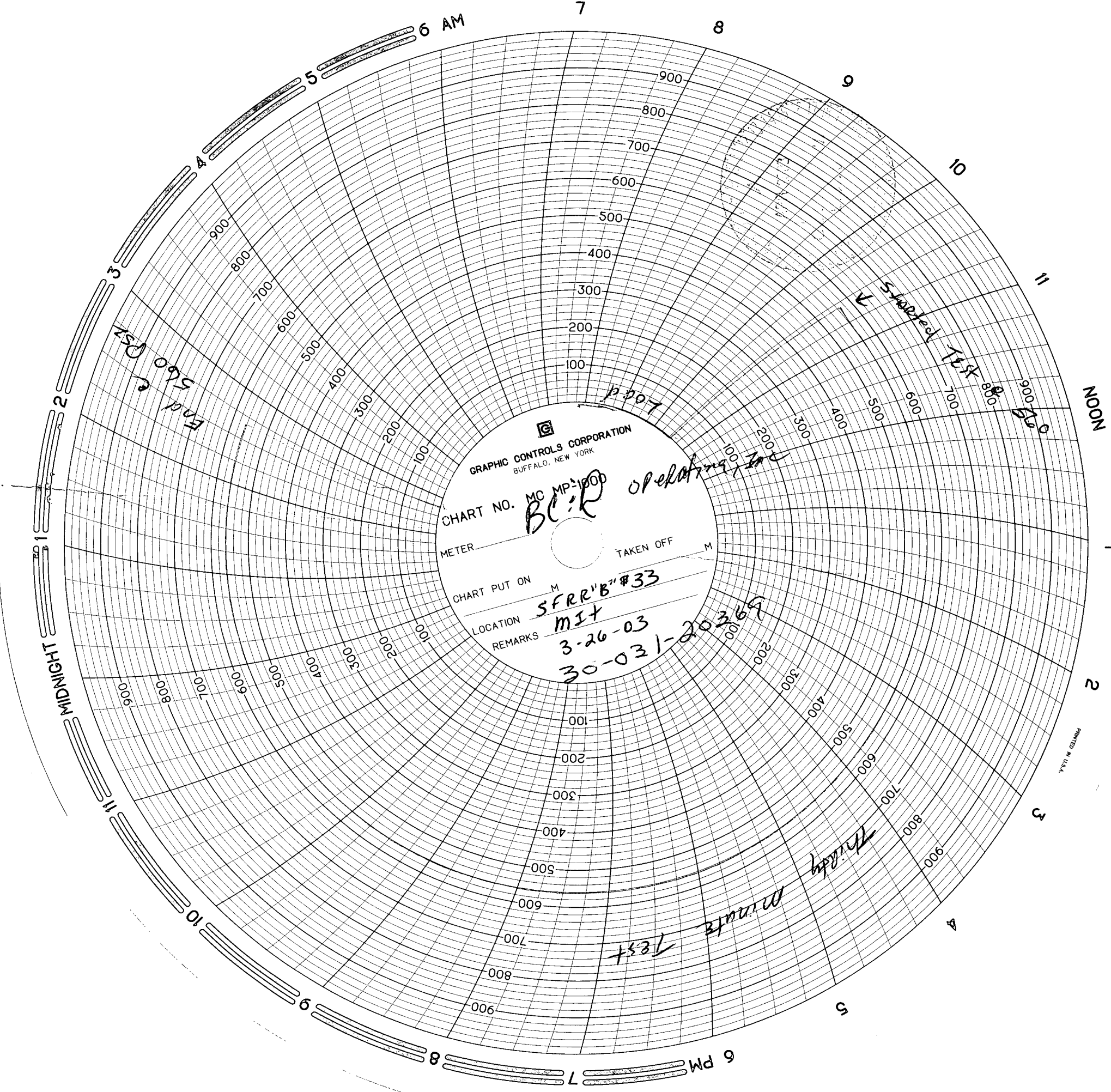
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: MIT <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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/26/03 - MIRA wo Rig, Conduct safety meeting, Rd and TIA 4 AD-1 PKR and 2 7/8" TBG, Set PKR @ 1525' (Perfs @ 1566' - 1570') Load TBG/csg Annulus w H₂O, Pressure to 560 PSI For thirty minutes, Held OK, RLS Pressure, RLS AD-1 PKR, Poot and lay on TBG, and PKR, secure well, Rig dn.

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

SIGNATURE Donnie Hill TITLE PRESIDENT DATE 4/4/03
Type or print name Donnie Hill Telephone No. 505-397-3472
(This space for State use)
APPROVED BY Charles TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE APR - 9 2003
Conditions of approval, if any:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000
BCIR operating

METER _____ TAKEN OFF _____

CHART PUT ON _____
LOCATION *SFRB #33*

REMARKS *MIT*

3-26-03
30-031-20369

Thru
minute
test

Started Test

End
560

PRINTED IN U.S.A.

SFRB" B" #33
Perls @ 1566'-1570' KB
Parker @ 1525.04'

tested to 560[#] for 30 minutes

Quamitwell

test started @ 1:00 pm

test finished @ 1:30 pm

1000 # SPRING

1 Hour Clock