Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103	
Revis	d 1-1-	89

DISTRICT

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		WELL API NO. 30-031-07028		
		S. Indicate Type of Lease STATE FEE X		
		6. State Oil & Gas Lease 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" (FORM C-101) FOR SUCH PROPOSALS.)				
		7. Lease Name or Unit Agreement Name		
1. Type of Well: Oil GAS WELL WELL	one Inject	, or	Hospah Sand Unit	
2. Name of Operator	- Inject	.01	8. Well No.	
BC & D Operating, Inc.		62		
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 837, Hobbs, NM 88241		Hospah Upper Sand		
4. Well Location				
Unit Letter L : 1900 Feet From The South Line and 1140 Feet From The West Line				
Section 36	Township 18N Range		NMPM McKinley County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7004 GL				
11. Check A	ppropriate Box to Indicate Nat	ture of Notice, Re	eport, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			-	
PERFORM REMEDIAL WORK	PLUG AND ABANDON R	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	APORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT [OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	C	CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details, and g	ive pertinent dates, inclu	ding estimated date of starting any proposed	
	shut-in. The well is n			

effectively drain the reservoir. $\,$ BC & D proposes to clean out to PBTD, install $\,$ a pkr and tubing, conduct MIT, (if not successful, repair). If the MIT is successful, circulate pkr fluid and place well back on injection.

Chi Com. Link

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I hereby certify that the information above is true and pumplate of the best of my knowled	dge and belief.
I hereby certify that the information above is true and pumplate of the best of my knowled SKONATURE	TIME President DATE 4/4/96
TYPEOR PRINT NAME Donnie Hill	TELEPHONE NO(505)397~3972
(This space for State Use) APPROVED BY Shring Rollinson	TIME APR 1 2 1996