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 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION P.O. Box 2088	30-031-20149
DISTRICT II Santa Fe, New Mexico 8 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL OTHER Inject	or Santa Fe Railroad
2. Name of Operator	8. Well No. 24
BC & D Operating, Inc.	9. Pool name or Wildcat
3. Address of Operator P.O. Box 837, Hobbs, NM 88241	Hospah Upper & Lower Sand
4. Well Location Unit Letter F : 1335 Feet From The North Line and 1325 Feet From The West Line	
Section 7 Township 17N Range 8W NMPM McKinley County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6952 GL	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER:
12. Describe Proposed or Completed Operations (Clearly state all perinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. The subject well is shut-in due to American Exploration pulling all tubing out of hole at the time BC & D purchased the property. The well had a previous casing leak which American repaired w/ 220 SX CMT. BC & D proposes to clean out to PBTD, install pkr and tbg., conduct MIT, if successful place on injection. (If not successful, determine method to repair) The well is needed for pressure maintenance.	
DEGETVED APR 1 2 1996	
/	OM COM DADA
I hereby certify that the information above is true and complete us the fest of my knowledge and	President DATE 4/4/96
TYPE OR PRINT NAME Donnie Hill	TELEPHONE NO(505)397-39
(This space for State Use)	OSPECTO GREEKE FERRIC DE LIEU LA PARE 1 2 1990