

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. 30 039 23042
5. Indicate Type of Lease STATE ☐ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MEM #2
8. Well No. 2
9. Pool name or Wildcat BAILLARD P.C.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☐ GAS WELL ☒ OTHER
2. Name of Operator Billco Energy
3. Address of Operator Box 3038 Farmington N.M. 87499
4. Well Location Unit Letter N : 1000 Feet From The S Line and 920 Feet From The W Line Section 6 Township 23 N Range 4 W NMPM Rio Arriba County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

WE ARE WORKING ON MARTIN FLORENCE #7 N-06-23N-04W
TO BRING BACK INTO PRODUCTION

MEM #2 N-06-23N-04W WILL BE WORKED ON AND
BROUGHT INTO PRODUCTION ON OR BEFORE 7-21-93 OR
APPLICATION FOR P&A WILL BE REQUESTED
MEM #2 IS A SKIM HOLE COMPLETION

RECEIVED

OCT 15 1992

OIL CON. DIV
DIST. 3

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

SIGNATURE David Teniler TITLE OPERATOR DATE 10-14-92
TYPE OR PRINT NAME DAVID TENILER TELEPHONE NO. 325-3405

(This space for State Use)

Original Signed By

SUPERVISOR

DATE

OCT 15 1992

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: