Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.
DISTRICT II	III Santa Fe. New Mexico, 87504-2088		30-039-24528
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lease STATE XX FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-1207-1
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 XK WELL OTHER			STATE 16
2 Name of Operator Bannon Energy, Inc.			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
c/o Holcomb Oil & Gas, Inc.	PO Box 2058, Fai	emington, NM	Counselors Gallup Dakota
Unit Letter D: 660° Feet 1	From The North	Line and 660'	Feet From The West Line
Section 16 Township 23N Range 6W NMPM Rio Arriba County			
	10. Elevation (Show whether 6820 GR	DF, RKB, RT, GR, etc.)	
11. Check Appropri		Vature of Motion Pe	anort or Other Date
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLU	G AND ABANDON	REMEDIAL WORK	<u></u>
	_		ALTERING CASING
BUIL OF ALTER CACING			
PULL OR ALTER CASING	(C-V)	CASING TEST AND CE	MENT JOB
OTHER: Set Surface Casing	XX	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.			
 Spud 10-8-89, 12- Ran 7 joints 8-5/ Cement with 190 s seal, circulate 4 	8" 24#, set pi x. Class B cer	ipe at 309'. ment, 3% Ca,	Cl ₂ and 1/4#/sx cello
			OCTIS1389
			DIST. 3
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE W. J. Holcomb	<u> Сс</u> тп	Agent, Bannon	1 Energy DATE 10-13-89
TYPEOR PRINT NAME W. J. Holcomb			TELEPHONE NO.
(This space for State Use)			
Original Signed by FRANK T.	CHAVEZ	SUPERVISOR (2.)	DATE OCT 16 1989