

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
E-6833

7. Lease Name or Unit Agreement Name

South Blanco State 32A

8. Well No.

1

9. Pool name or Wildcat

Lybrook Gallup Ext.

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

Bannon Energy Incorporated

3. Address of Operator

3934 FM 1960 West, Suite 240, Houston, TX 77068-3539

4. Well Location

Unit Letter 0 : 450 Feet From The South Line and 2,545 Feet From The East Line

Section 32 Township 24N Range 7W NMMP Rio Arriba County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
7,104 GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ 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.

Well was plugged and abandoned on Aug. 10, 1993. See Following:

Plug #1: 5,505' - 4,842' w/ 50 sxs Class "B" cmt.

Plug #2: 3,714' - 3,569' w/ 11 sxs Class "B" cmt.

Plug #3: 3,070' - 2,925' w/ 11 sxs Class "B" cmt.

Plug #4: 2,210' - 1-420' w/ 60 sxs Class "B" cmt.

Plug #5: 307' to surface w/ 31 sxs Class "B" cmt inside casing.

RECEIVED

SEP 1 0 1993

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

TITLE Operations Manager

DATE 31 Aug 93

TYPE OR PRINT NAME

A. S. LOW

(713)

TELEPHONE NO. 537-9000

(This space for State Use)

APPROVED BY

TITLE

Deputy Oil and
Gas Inspector

DATE 9/20/93

CONDITIONS OF APPROVAL, IF ANY: