

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.

30-039-24771

5. Indicate Type of Lease

STATE ☒

FEE ☐

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

7. Lease Name or Unit Agreement Name

State 32

8. Well No.

2

9. Pool name or Wildcat

Lybrook Gallup

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 F.M. 1960 West, Suite 240, Houston, Texas 77068

4. Well Location

Unit Letter P : 340 Feet From The South Line and 847 Feet From The East Line

Section 32 Township 24N Range 7W 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:

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: Production casing cement ☒

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.

Drilled 7 7/8" hole to 6140'. Ran 139 jts. of 4 1/2" 11.6# casing x set at 6131'. Cement with 850 sks. 65/35 poz w/12% gel x 6# per sack gilsonite followed by 150 sks. 50/50 poz w/2% gel x 10% salt. Plug down at 8:10 p.m. 7/21/90. Circulated 5 Bbls. of cement to surface. Tested casing to 1500#.

RECEIVED

NOV 06 1990

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

*J. M. Harrison*

TITLE

J. M. Harrison  
Operations Manager

DATE

11/1/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY

TITLE

SUPERVISOR DISTRICT #3

DATE

NOV 06 1990

CONDITIONS OF APPROVAL, IF ANY: