

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-045-08720

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-3148-7

7. Lease Name or Unit Agreement Name

Burroughs State Com

8. Well No.

2

9. Pool name or Wildcat

**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

Taurus Exploration, U.S.A., Inc.

3. Address of Operator

2198 Bloomfield Highway; Farmington, NM 87401

4. Well Location

Unit Letter H: 1600 Feet From The North Line and 1000 Feet From The East Line

Section 36 Township 26 N Range 11 W NMPM San Juan County

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

6434GL

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.

This well has not returned to production since a casing repair was completed in December 1991. It is intended to acidize the formation with 1000 gallons of 15% HCL and swab test to evaluate the potential.

**RECEIVED**  
DEC 17 1997

**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 Production Superintendent

DATE 12/15/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Johnny Robinson

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

DEC 17 1997

CONDITIONS OF APPROVAL, IF ANY: