## State of New Mexico

SEP 22 2000

Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89	
DISTRICT I	OIL CONSERVAT	= :	WELL API NO. 90%	79
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II	2040 Pach Santa Fe, N		30-045-08 <del>720</del> 0	10
P.O. Drawer DD, Artesia, NM 88210	Sunta 10,		5. Indicate Type of Lease STATE	XI FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	L		6. State Oil & Gas Lease No. E-3148-7	
SUNDRY NO	TICES AND REPORTS ON V	VELLS		
(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 Burroughs State Com	
1. Type of Well: OIL WELL GAS WELL WELL	OTHER			
2. Name of Operator	Inc		8. Well No.	
Taurus Exploration, U.S.A., 3. Address of Operator	Tric.		9. Pool name or Wildcat	
2198 Bloomfield Highway; Fa	rmington, NM 87401			
4. Well Location Unit Letter H : 160	Nor	th Line and 10	Peet From The	East Line
Section 36	Township 26 N	Range 11 W	NMPM San Juan	County
	10. Elevation (Show w	whether DF, RKB, RT, GR, etc 6434GL	:.)	
11. Check A	ppropriate Box to Indic		Report, or Other Data	1
	NTENTION TO:	1	SEQUENT REPOR	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING C	ASING _
	CHANGE PLANS	COMMENCE DRILLING		BANDONMENT
TEMPORARILY ABANDON L	CHANGE PLANS	CASING TEST AND CE		BANDONINENT
PULL OR ALTER CASING   Deather Delete	Г	$\overline{\neg}$	MENT JOB —	ļ
OTHER: Restim Dakota		△J OTHER: ———		
12. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state all pertines	nt details, and give pertinent da	tes, including estimated date of sta	irting any proposed
In an attempt to return	n this well to production	n, It is intended to r	efrac the dakota as fol	lows:
<ol> <li>RU wireline and repe</li> <li>TIH with 2 7/8" work</li> <li>Fracture treat Dakon</li> </ol>	r and pressure test casir	packer at 5900'.		EP 2000
			E CHU	<u>681957</u>
I hereby certify that the information above i	s true and complete to the best of my kno			
SIGNATURE Jun Du	M	TITLE Production Supe	erintendent DATE	4/20/00
TYPE OR PRINT NAME			TELEPHONE NO.	
(This space for State Use)	Y CHAPLLE T. PERFEN	DEPUTY OIL & GAS	INSPECTOR, DIST. #3	222600

APPROVED BY\_ CONDITIONS OF APPROVAL, IF ANY:

OPIGINAL SIGNED BY CHAPLIE T. PERION