

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

2040 Pacheco St.
Santa Fe, NM 87505

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

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

WELL API NO.
30-045-29233

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
NM 048567

7. Lease Name or Unit Agreement Name
Bolack F

8. Well No.
#1

9. Pool name or Wildcat
Fulcher Kutz PC

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
Cross Timbers Operating Company

3. Address of Operator
2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401

4. Well Location
Unit Letter _____ : 1,570 Feet From The North Line and 1,510 Feet From The West Line

Section 2 Township 27 N Range 11 W NMPM San Juan 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: Allocation test

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.

The Bolack A #1E and Bolack F #1 are surface commingled under Order R 10578. An allocation test was performed on the wells from 10-19 to 10-25-00. The Bolack F #1 was shut in from noon 10-20 to noon 10-23-00. The allocation pre cent for the Bolack A #1E is 90.7% and Bolack F #1 is 9.7%.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Loren W Fothergill TITLE Production Engineer DATE 10/26/00

TYPE OR PRINT NAME Loren W Fothergill TELEPHONE NO. 324 1090

(This space for State Use)

Original Signed by [Signature] TITLE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: