

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. 30-045-26119
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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
BHP PETROLEUM (AMERICAS) INC.

3. Address of Operator
P.O. BOX 977 FARMINGTON NM 87499

4. Well Location
Unit Letter E : 1370' Feet From The NORTH Line and 475' Feet From The WEST Line
Section 24 Township 29N Range 13W NMPM SAN JUAN County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5335' GR

7. Lease Name or Unit Agreement Name

GALLEGOS CANYON UNIT

8. Well No.
340

9. Pool name or Wildcat
N. PINON FRUITLAND SAND

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: First Delivery ☒

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.

Please accept this late first delivery notice for the subject well. Gas was delivered into El Paso Natural Gas Company system at 7:48am on 11-1-89

RECEIVED
JAN 25 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 Fred Lowery TITLE Operations Superintendent DATE 01-23-90
TYPE OR PRINT NAME Fred Lowery TELEPHONE NO. 327-1639

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT 4

APPROVED BY _____ TITLE _____ DATE JAN 25 1990

CONDITIONS OF APPROVAL, IF ANY: