Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103		
Revised	1-1-89	

Western 1-1-03

District Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVAT			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexic	5. Indicate Type of Lease STATE FEE X		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON W	/ELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL X OTHER	Gallegos Canyon Unit		
2. Name of Operator	8. Well No.		
BHP PETROLEUM (AMERICAS) INC.	9. Pool name or Wildcat		
3. Address of Operator 1560 Broadway, Ste. 1900, Denver, CO. 8020	W Vita PC		
4. Well Location D 1165' F. F. T. North	695' For For The West Line		
Unit Letter : Feet From The	Line and O93 Feet From The West Line		
Section 25 Township 29N	Range 13W NMPM San Juan County		
	her DF, RKB, RT, GR, etc.)		
11. Check Appropriate Box to Indicate	te Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB		
OTHER: Lay Flow Lines X	OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent detail.	s, and give pertinent dates, including estimated date of starting any proposed		
work) SEE RULE 1103.			
As indicated on the attached topo map, B	HP Petroleum (Americas) Inc. is proposing		
to lay a water and a gas line to tie the			
systems. No new disturbed lands are ant	icipated as both lines are to be buried		
in existing roads and right-of-ways.			
	TO BEIVED		
	APP 2 3 1000		
	APP 2 2 1000		

APK 2 & 1989

I hereby certify that the information above is true and complete to the best of my knowledge and best Signature		DATE4/24/89
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)	N. J. COVID-10-	

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ALLERVISOR DISTRICT # 3

CONDITIONS OF APPROVAL, IF ANY:

