

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. 30-041-2055-4

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
LG 1296

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.)

7. Lease Name or Unit Agreement Name

El Paso State

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.

1

2. Name of Operator  
Bledsoe Petro Corporation

9. Pool name or Wildcat

South Peterson Penn/Assoc.

3. Address of Operator  
3908 N. Peniel, Suite 500, Bethany, OK 73008

4. Well Location  
Unit Letter # P: 660 Feet From The South Line and 900 Feet From The East Line

Section 8 Township 6S Range 34E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4361 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING   
OTHER:

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.

1. Cut ~~off~~ shoot 4 1/2" casing above csg collapsed point at 3450'
2. Fill hole ~~above cut off~~ with 9.3#/gal drlg. mud
3. Pump 250' cement plug from 3450 to 3200' (86' above 8 5/8' intermed. csg shoe)
4. Pump 30' cement plug @ surface
5. Cut off surface @ csg & weld on metal plate, place steel I.D. marker per rule 202.

100' plug @ 1000'

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

SIGNATURE Tom Conroy TITLE Engineer DATE 12/20/91

TYPE OR PRINT NAME Tom Conroy (405) 789-5053 TELEPHONE NO.

(This space for State Use)

JAN 03 '92

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: