

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  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-025-02405

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
63404-00

7. Lease Name or Unit Agreement Name  
Sarah Sue

8. Well No.  
1

9. Pool name or Wildcat  
Pearl Seven Rivers

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  
BEC Corporation

3. Address of Operator  
P.O. Box 1392 Midland, Tx 79702

4. Well Location  
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line  
Section 36 Township 19S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3721 GL

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: ☐

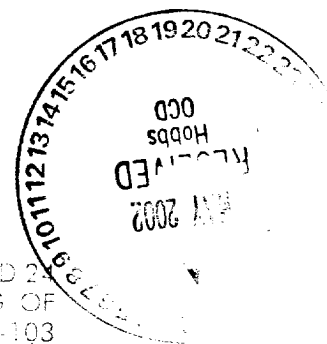
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

TD 5030' PSTD 4036'  
TOG 3780' By CBL  
Perf. 3953' - 3980'  
Set 25Sx @ 3850' & Tag  
Cut Csg. @ 3750'  
Spot 25Sx @ 3800'  
Spot 25Sx @ 3350' Base Salt  
Spot 25Sx @ 2032' Top Salt  
Spot 25Sx @ 139'  
10 Sx Plug @ Surface  
Install Marker Clean Location

THE COMMISSION MUST BE NOTICED 24  
HOURS PRIOR TO THE BEGINNING OF  
PLUGGING OPERATIONS FOR THE C-103  
TO BE APPROVED.



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

SIGNATURE [Signature] TITLE Production Supt. DATE 5-2-02  
TYPE OR PRINT NAME O.T. Maxwell 915 682-1828 TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 02 2002  
CONDITIONS OF APPROVAL, IF ANY: