

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.	30-031-20944
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
HOSPAA sand Unit	
8. Well No.	105
9. Pool name or Wildcat	HOSPAA UPPER sand
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
6978 GL	

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	BEED OPERATING, INC.
3. Address of Operator	P.O. Box 1680, Hobbs, NM 88241
4. Well Location	Unit Letter N : 1750 Feet From The WEST Line and 70 Feet From The SOUTH Line Section 36 Township 18N Range 9W NMFM McKinley County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
6978 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: ADD PERLS and Place on Pump ☒	
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.

- miku, POOH y Production equipment, Rig up WIRE Line Truck
PERFORATE Additional Pay @ 1670'-1690', Acidize new
PERFORATIONS and Place on Production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Donnie Hill</u>	TITLE <u>President</u>
TYPE OR PRINT NAME <u>Donnie Hill</u>	DATE <u>3/10/02</u>
	TELEPHONE NO. <u>505/397-3972</u>

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: