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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II	Santa En New Mar	nta Fe, New Mexico 87504-2088			30-045-08036		
P.O. Drawer DD, A	tesia, NM 88210	Janua 1 6, 116W 1116AICO 0/JU4-2000			5. Indicate Type		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410					6. State Oil & G	STATE Gas Lease No.	FEE X
	SUNDRY NOTICES A	ND REPORTS ON	WFI	IS			
(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		
1. Type of Well:			,	П. 1 			
OIL GAS WELL OTHER					JOHN BERGIN		
2. Name of Operator BLOOMFIELD O&G					8. Well No.		
3. Address of Operator					9. Pool name or Wildcat		
4. Well Location					<u> </u>		····-
Unit Letter	E:Fee	t From The		Line and	Feet Fro	on The	Line
Section	21 Tov	vaship 29N			NMPM	SJ	County
		10. Elevation (Show wh	heiher .	DF, RKB, RT, GR, etc.)			
11.	Check Approp	oriate Box to Indic	ate l	Nature of Notice, Re	eport, or Othe	er Data	
N	OTICE OF INTENTI	ON TO:				REPORT OF:	
PERFORM REMED	IAL WORK D	UG AND ABANDON	X	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY AB	ANDON C	ANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT 📈
PULL OR ALTER CASING CASING TEST AND CE					MENT JOB		
OTHER:				OTHER:	·		
12. Describe Propose work) SEE RUL	d or Completed Operations (Cle E 1103.	arly state all pertinent deta	ils, an	d give pertinent dates, includ	ding estimated date	of starting any proposed	
12-30-94	Dug out around suspected well head. Found 10" csg. below surf. Welded $5\frac{1}{2}$ csg. to 10" & brought csg. to surface.						
01-03-95	MIRU. WIH & tagged fill @ 120'. Rigged up power swivel & drilled out O.H to 441'.						
01-04-95	Rigged up power swivel & drilled out fill to 630'. Set @ 150 sx, plug & WOC 3 hrs tg. T.O.C. @ 140'. POH to 90' & circ cement to surface. Installed dry hold marker & restroed location to meet NMOCD rules & regulations						
I hereby certify that the	information above is true and compl	ete to the best of my knowledg	ge and t	belief.			
SIGNATURE	·		_ mı	E		DATE	
TYPE OR PRINT NAME						TELEPHONE NO.	
(This space for State U	ic)	400					
\cap \emptyset	D. 1.			0/10/	,		
APPROVED BY	my rouns	<u>~</u>	- TITL	OI Gas Ing	spector	DATE 2-21-	95

CONDITIONS OF APPROVAL, IF ANY: