

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised June 10, 2003

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.)		WELL API NO. 30-015-24270
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Read & Stevens, Inc.		6. State Oil & Gas Lease No. E-8560
3. Address of Operator P. O. Box 1518 Roswell, New Mexico 88202		7. Lease Name or Unit Agreement Name BHWFU (Formerly Amoco Mesa #1)
4. Well Location Unit Letter F : 1980 feet from the North line and 1980 feet from the West line Section 13 Township 16S Range 31E NMPM County Eddy		8. Well Number 6
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4393.5' GL		9. OGRID Number 018917
		10. Pool name or Wildcat Bunker Hill Penrose Assoc.

12. 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **Back on Production** ☒

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

06/11/03 The subject well was deemed out of compliance with OCD Rule 201. Per OCD directive to bring the well into compliance the subject well was placed back on production in March, 2003.

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

SIGNATURE  TITLE **Operations Manager** DATE **6-12-03**

Type or print name **John C. Maxey** E-mail address: Telephone No. **505/622-3770**
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: