Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office v Revised March 25, 1999 Energy, Minerals and Natural Resources District I 1625 N. French Dr., Hobbs, NM 88240 30-015-01964-00 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 B-11595 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 Artesia Metex Unit PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Water injection well 8. Well No. Name of Operator 9. Pool name or Wildcat B&W Oil Company Inc Address of Operator R-252 No.Haldeman Rd. Artesia, New Mex. 88210 Artesia-On-Gb-Sa Well Location : 1650 feet from the South line and 2310 feet from the West Unit Letter Township 185 Range Eddy Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3586 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK | PLUG AND ABANDON | ALTERING CASING REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS** TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND MULTIPLE **PULL OR ALTER CASING CEMENT JOB** COMPLETION OTHER: Repair leak on casing head X OTHER: Repair leak on casing head 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 8-26-00 Tighten pack off rubber on casing head, replace 2" Bull plug and nipple, valve on casing head. Rig up Key Energy Hot oil unit on well, Pressured casing to 300 Lbs for Fifteen plus minutes casing held. Returned well to injection. Oked test with O.C.D. 011213141576 3456789, RECEIVED OCD - ARTESIA I hereby certify that the information above is true and complete to the best of my knowledge and belief. Smith TITLE DATE 10-12-00 **SIGNATURE** Telephone No505-746-4358 Type or print name .Smith (This space for State use) DATE 10/19/2000 TITLE Field Rep. # APPPROVED BY WELL & Liberal Conditions of approval, if any: