

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

JAN 11 '90

WELL API NO.	N/A
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Burton Flat Deep Unit
8. Well No.	3
9. Pool name or Wildcat	Burton Flat - Morrow
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3223 DF

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 PERMITS (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator BHP Petroleum Co. Inc. ✓
3. Address of Operator 5847 San Felipe, Suite 3600, Houston, TX 77057	4. Well Location Unit Letter V : 700 Feet From The South Line and 1980 Feet From The West Line Section 3 Township 21S Range 27E NMPM Eddy County

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.

12-19-89: Perf additional Morrow zones as follows: 11006-014', 11220-230', and 11381-391' all with 2 SPF. Production rate prior to workover was 26 MCFPD, after workover, 280 MCFPD.

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

SIGNATURE Scott Sanders TITLE Drilling Engineer DATE 1/4/90
TYPE OR PRINT NAME Scott Sanders TELEPHONE NO. 780-5375

(This space for State Use)

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