

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

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-015-30525

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V05298

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)

7. Lease Name or Unit Agreement Name

Soapberry Draw 7 State Com

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Bonneville Fuels Corporation

8. Well No.

#1

3. Address of Operator

1660 Lincoln Street, Suite 2200 Denver CO

9. Pool name or Wildcat

Strawn/Avalon

4. Well Location

Unit Letter N 720 Feet From The South Line and 2479 Feet From The West Line

Section 7 Townshi 21S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3277 GR

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: Extension of APD ☒

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 date, including estimated date of starting any proposed work) SEE RULE 1103.

Bonneville Fuels Corp. requests a one year extension to the expiration date of the APD for the above referenced well.



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

SIGNATURE

R. A. Schwering

TITLE

Engineering Manager

DATE

09/02/99

TYPE OR PRINT NAME

R. A. Schwering, P.E.

TELEPHONE NO.

303 863-1555

(This space for State Use)

APPROVED BY

Jim W. Ginn

TITLE

District Supervisor

DATE

9-9-99

CONDITIONS OF APPROVAL, IF ANY: