

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30 - 015 - 20607
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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: CEDAR CANYON
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		
2. Name of Operator BK EXPLORATION CORP.	8. Well No. 1	
3. Address of Operator 810 S CINCINNATI STE 208 TULSA OK 74119	9. Pool name or Wildcat CEDAR CANYON DELAWARE	
4. Well Location Unit Letter <u>P</u> : <u>770</u> feet from the <u>SOUTH</u> line and <u>770</u> feet from the <u>EAST</u> line Section <u>9</u> Township <u>24-S</u> Range <u>29-E</u> NMPM County <u>EDDY</u>		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>2941' GR</u> <u>2969' KB</u>		

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 ☐ MULTIPLE COMPLETION ☐

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

REFER TO ATTACHED ACTIVITY REPORT.

Page - Posted



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

SIGNATURE Brad D Burks TITLE PRESIDENT DATE 10-16-2000

Type or print name BRAD D BURKS 918-582-3855 Telephone No.

(This space for State use)

APPROVED BY Phil Hawkins TITLE Field Rep I DATE 11-27-00

Conditions of approval, if any: