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

WELL API NO. 3001522378

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. L-187

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: EDDY "GF" STATE

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: BISON PETROLEUM CORPORATION

8. Well No. 2

3. Address of Operator: 5809 South Western, Suite 200, AMARILLO, TX

9. Pool name or Wildcat: CARLSBAD (MORROW) SO.

4. Well Location
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 16 Township 23S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3142 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [X]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		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.

1. Set 5½" CIBP @ 11,928 w/ 5 sks (40') cement
2. Pumped 25 sx plug Down TBG @ 11,430'
3. Pumped 25 sx plug Down TBG @ 8990'
4. Pumped 40 sx plug, STUB PLUG @ 7502', TAGGED @ 7367'
5. Pumped 40 sx plug @ 5500'
6. Pumped 50 sx plug @ 2450', TAGGED @ 2335'
7. Pumped 40 sx plug @ 450'
8. Pumped 10 sx @ SURFACE w/ Dry Hole MARKER.
9. 10 #/GAL MUD MIXED BETWEEN ALL PLUGS.

RECEIVED
JUL 10 '90
OCD
ARTESIA, OFFICE

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

SIGNATURE [signature] TITLE AGENT DATE 7/9/90

TYPE OR PRINT NAME CHARLES PRICKETT TELEPHONE NO. 915 697-3265

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep I DATE 4/18/97

CONDITIONS OF APPROVAL, IF ANY: