Submit 3 Copies to Appropriate District Office

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

APR 23 1993

O. C. D.

WELL API NO.
30-015-22954

5. Indicate Type of Lease STATE ☐ FEE ☒

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
Williams "35" Com.

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
BK Exploration Corp.

8. Well No.
2

3. Address of Operator
810 S. Cincinnati, #110 Tulsa, OK 74119

9. Pool name or Wildcat
Culebra Bluff, S. Delaware

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 35 Township 23-S Range 28-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3040' KB

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	☐
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.

It is proposed to temporarily abandon this well after poor results in the Delaware Formation. The proposed procedure:

1. RUPU. NUBOP. TOH w/ tbg. after loading hole w/ inhibited water.
2. By wireline, set CIBP @ 5850'. Cap w/ 35' cmt. to 5815'.
3. Pressure test csg. to 1000# for 30 minutes for mechanical integrity.
4. TA well for 5 yrs. for possible SWD well.

Refer to attached wellbore diagram.

Notify N.M.O.C.C. in sufficient time to witness MIT

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

SIGNATURE Brad D. Burks TITLE Vice-President DATE 4-20-93

TYPE OR PRINT NAME Brad D. Burks 918-582-3855 TELEPHONE NO.

(This space for State Use)

APPROVED BY [signature] TITLE Dist Rep DATE 4/27/93

CONDITIONS OF APPROVAL, IF ANY: