## Submit 3 Copies to Appropriate District Office

## DIANG UN INCW MEXICO vergy, Minerals and Natural Resources Departme

Form	C	·10	3
Revie	ed	1.1	4

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		WELL API NO. 30-015-27909	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2988 EIVED		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		<b>May</b> 16.'9	6. State Oil & Gas Lease No.	
( DO NOT USE THIS FORM FOR PRODIFFERENT RESER	CES AND REPORTS ON WEDPOSALS TO DRILL OR TO DEEPE LYOIR. USE "APPLICATION FOR P 101) FOR SUCH PROPOSALS.)	IN OR PLUG BACCK TO AD-	<b>₫</b> €	
1. Type of Well: Off GAS WELL Y WELL	ones		Remuda Basin St. (Property Code 1438	
2. Name of Operator		OGRID #2433	& Well No. 2	
BK Exploration Cor 3. Address of Operator 810 S. Cincinnati.	#110 Tulsa, OK 7		9. Pool name or Wildcat Wildcat Bone Spring (96036)	
4. Well Location Unit Letter A : 330		Line and33	Fost Prom The East Lin	
Section 24	23-S Towaship	29-E Range	NMPM Eddy County	
	10. Elevation (Show wheth 3009	er DF, RKB, RT, GR, esc.) GL	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
11. Check A	Appropriate Box to Indicate TENTION TO:		Report, or Other Data SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS X COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING CASING TEST AND CEMENT JOB				
PULL OR ALTER CASING  OTHER:		OTHER:		
12. Describe Proposed or Completed Opera	sions (Clearly nate all pertinent details.	and give pertinent dates, incli	uding estimated date of starting any proposed	
Please refer to an	oproved C-101 to dril	l, approval date	e 4-11-94.	
			surface casing, 17.5" hole.	
casing in a 14.5"	hole. This would re nole size would then	place the propos	option, 300' of 11.75", 42# sed 13.375" casing. 0.75" rather than 12. <b>2</b> 5".	
Estimated spud da NMOCD to witness	te is 6-15-94. Suffi the cementing of the	cient time will surface and int	given in notifying the ermediate casings.	

I hereby certify that the information above is true and complete to the just of my knowledge and belief. DATE 5-12-94 \_\_\_\_\_ Wice-President 918-582-3863 FaX 582-3865 TELEPHONE NO. Brad D. Burks TYPE OR PRINT NAME (This space for State Use) DATE 6-23-94 SCHERVISOR DISTRICT H \_ TITLE -APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY: