

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

AUG 29 '94

O. C. D.
ARTESIA OFFICE

WELL API NO.	30-015-27909
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-5894
7. Lease Name or Unit Agreement Name	Remuda Basin St. (Property Code 14383)
8. Well No.	2
9. Pool name or Wildcat	Wildcat Bone Spring (96036)
10. Elevation (Show whether DP, RKB, RT, GR, etc.)	3008 GL

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.)

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	BK Exploration Corporation OGRID #2433
3. Address of Operator	810 S. Cincinnati, #110 Tulsa, OK 74119
4. Well Location	Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line Section 24 Township 23-S Range 29-E NMDPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Due to scheduling problems, we have not begun any operations on this proposed well to date.

We anticipate that operations will commence by 12-1-94.

The approved C-104 states that the approval expiration date is 10-11-94. We therefore request your approval to extend the expiration date to 12-1-94.

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

SIGNATURE Brad D. Burks TITLE _____ DATE 8-24-94
TYPE OR PRINT NAME Brad D. Burks, Vice-President 918-582-3855 TELEPHONE NO. _____

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT I TITLE _____ DATE OCT 11 1994
CONDITIONS OF APPROVAL, IF ANY: