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

OIL CONSERVATION DIVISION

DISTRICT II	2040 Pacheco St.						WELL API NO. 30-015-30654 sIndicate Type of Lease				
P.O. Drawer DD, Artesia, NM 88210											
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	7410						₀State Oil & L-4500	Gas Leas	STATE X	FEE	
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.)								7Lease Name or Unit Agreement Name Baldridge Canyon			
Type of Well: OIL GAS WELL WEI	3	<u> </u>		& A		···					
₂Name of Operator E.G.L. Resources, Inc.								eWell No.			
³ Address of Operator 214 W. Texas #900, Midland, Tx. 79701								sPool name or Wildcat Baldridge Canyon Morrow			
₄Well Location Unit Letter	2175 Fee	t From The	Sout	:h	Line and	660		om The _		Line	
Section	13	Township	249	S F	Range	24E	NMPM		Eddy	County	
		10Elevatio 4461' C			RKB, RT, GR, etc	c.)				County	
11 Che	eck Appro	priate Box	to Indica	ate Na	ature of Not	ice. Rer	port, or O	ther D	ata		
NOTICE (OF INTE	NTION TO) :						PORT OF	: :	
PERFORM REMEDIAL WORK	L WORK PLUG AND ABANDON PEMERIAL MODIC								ALTERING CAS		
TEMPORARILY ABANDON	MPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OF									BANDONMENT X	
PULL OR ALTER CASING	DR ALTER CASING CASING TEST AND CEME										
OTHER:					OTHER:						
12Describe Proposed or Completed (work) SEE RULE 1103.	Operations (Cle	arly state all per	tinent details,	and give	pertinent dates, i						
9/2/99TDe'ed 7 7/8" Hole 9/4/99P & A well as follow	rs: 1st plug 2nd plug 3rd plug 4th plug 5th plug 6th plug 7th plug	8408'35 sk 6300'35 sk 4300'35 sk 2650'35 sk 400'35 sk Surface plug	ks 'H' neat. ks 'H' neat. ks 'C' w/ 4% ks 'C' w/ 3% g10 sks 'C	6 CaCl2 6 CaCl2 C'.	2. Tagged. 2. Tagged.			(0)	1897 1897	17 12 18 18 19 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I hereby certify that the unformation		H Marker. P							O. P. C.	18 19 20 2 18 18 18 18 18 18 18 18 18 18 18 18 18	
I hereby certify that the information of the signature	Jarray	ru complete to th	ie best of my	Knowledg	e and belief.	ully			DATE /	2/13/01	
TYPE OR PRINT NAME JOH	O STA	RCK			U			TE	919 ELEPHONE NO.	5-687-651	
(This space for State Use)						***************************************			LET HONE NO.		

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE ______ DATE _____