Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

LG1034-2

TEMPORARILY ABANDON

PULL OR ALTER CASING

DISTRICT P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

VELL A	PI NO.	30-045-27641

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"	7. Lease Name or Unit Agreement Name			
1.	(FORM C-101) FOR SUCH PROPOSALS.) Type of Well: Off. WELL GAS WELL OTHER	State 36			
2.	Name of Operator Bannon Energy, c/o Daggett & Chenault, Inc.	8. Well No. 8			
3.	Address of Operator 3539 E. 30th, ste.7B, Farmington, NM 87401	9. Pool name or Wildcat Lybrook/Gallup			

	Unit Letter	К	:1650	Feet From T	heS	outh	Line and	1975	Feet From	TheWes	t Line	•
İ	Section	36		Township	24N	Ran		NMPM	San .	Juan	County	
				10. E	levation (Show	whether L	O F, RKB, RT, GR, 6888GR	elc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data												
	NC	TICE	OF INTE	NTION TO	0:			SUBSEQU	JENT R	EPORT OF	•	
PERF	ORM REMEDIA	AL WORK	· 🗆	PLUG AND	ABANDON		REMEDIAL W	ORK		ALTERING CASI	NG	

x OTHER: OTHER: EXTEND Permit to Drill 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.

CHANGE PLANS

Well to be drilled to penetrate the Gallup Formation. All producing intervals in the Gallup will be stimulated as necessary.

(This is for extension only, original Application for Permit to Drill is on file.)

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

APPROVAL EXPIRES 3-2 UNLESS DRILLING IS COMMENCED. SPUD NOTICE MUST BE SUBMITTED

PLUG AND ABANDONMENT

OIL CON DIV

WITHIN 10 DATS	DIST. 3
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKINATURE Robert S. Larson TYPE OR FRINT NAME	DATE9_20_90 TELEPHONE NO. 326-1772
(This space for State Use) Original Signed by FRANK T. CHAVEZ APPROVED BY TITUE SUPERIOR DISTRICT #	SEP 2 5 1990