Submit 3 Copies to Appropriate District Office

Type of Well:

MEIT

2. Name of Operator

3. Address of Operator

Unit Letter __

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER:

Section

16

4. Well Location

State of New Mexico

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

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-045-27763 Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease STATE FEE __ 6. State Oil & Gas Lease No. E-6597-2 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) MET XX Bisti Coal 16 8. Well No. Giant Exploration & Production Co. 9. Pool name or Wildcat P.O. Box 2810, Farmington, New Mexico 87499 Basin Fruitland Coal Line and 1740 Feet From The Line G: 2230 Feet From The North NMPM San Juan County 25N Range Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6265' GLE Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** CASING TEST AND CEMENT JOB \mathbf{x} OTHER: Drilling Progress 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.

Spudded surface at 10:00 a.m. on August 13, 1990. Drilled 8-3/4" hole to 128'. Ran 3 jts. (125.41') of 7", 20#, J-55, 8rd, ST&C casing. Casing set at 126.01'. Cemented casing as follows: Mixed and pumped 60 sks. (70.8 cu. ft.) Class "B" cement containing 2% CaCl2 and 1/4#/sk. cellophane flakes. Cement circulated to surface. Pressure tested casing to 600 psi for 30 minutes; test ok.

I hereby cartify that the information above is true and complete to the best of my knowledge and belief. AUG 2 1 1990 _ mre _ President DATE -Aldrich L. Kuchera MOH TELEPHONE NO. TYPE OR PRINT NAME

(This space for State Use)

APPROVED BY-

Original Signed by FRANK T. CHAVEZ

AUG 23 1990

CONDITIONS OF APPROVAL, IF ANY: