

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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|---|
| WELL API NO. 30-015-24164 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E-8560 |
| 7. Lease Name or Unit Agreement Name BHWFU(Formerly Supron #1) |
| 8. Well Number 4 |
| 9. OGRID Number 018917 |
| 10. Pool name or Wildcat Bunker Hill Penrose Assoc. |

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| 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 Read & Stevens, Inc. | |
| 3. Address of Operator P. O. Box 1518 Roswell, New Mexico 88202 | |
| 4. Well Location Unit Letter H : 2080 feet from the North line and 660 feet from the East line Section 14 Township 16S Range 31E NMPM County Eddy | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4399.9' GL | |

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|---|--|
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/> | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Back on Production <input checked="" type="checkbox"/> |

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

06/11/03 The subject well was deemed out of compliance with OCD Rule 201. Per OCD directive to bring the well into compliance the subject well was placed back on production in March, 2003.

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

SIGNATURE  TITLE **Operations Manager** DATE **6-12-03**

Type or print name **John E. Maxey, Jr.** E-mail address: Telephone No **505/622-3770**
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: