Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 > Revised June 10, 2003				
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.				
District II	OIL CONSERVATION DIVISION			30-015-24365				
1301 W. Grand Ave., Artesia, NM 88210 District III	VI W. Grand 7370, 71 mola, 1117 00210			5. Indicate Type of Lease				
1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE K FEE					
District IV 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.					
87505					2-8560			
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					7. Lease Name or Unit Agreement Name			
PROPOSALS.)					BHWFU(Formerly Amoco Supron Mesa #2)			
1. Type of Well:		1	<u>.</u>	8. Well Nu	ımber		İ	
Oil Well 🗵 Gas Well 🗌	Other	/2	IUN 2000	1			ĺ	
2. Name of Operator		(rese	JUN 2003	9. OGRID	Number			
Read & Stevens, Inc.		12 0	RECEIVED	01891				
3. Address of Operator	150 OCD - ARTESIA			10. Pool name or Wildcat				
	well, New Mexico	88202		Bunke	r H111 P	enrose Asso	oc.	
4. Well Location								
Unit Letter C :	660 feet from the		line and	1980 f	feet from the	West	line	
	•							
Section 13	Township 1			NMPM	Co	_{unty} Eddy		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)								
4393.9° GL 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
	Appropriate Box to in ITENTION TO:	dicate in		SEQUEN				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	П	REMEDIAL WOR			ERING CASING	2 🗇	
PERI ORM REMEDIAL WORK	FEOG AND ADANDON		INCINICIDIAL WOL	XIX	☐ \ LI	ENING CASING	,	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	RILLING OPNS		JG AND		
PULL OR ALTER CASING	MULTIPLE		CASING TEST A	ND		ANDONMENT		
	COMPLETION		CEMENT JOB					
OTHER:			OTHER:					
13. Describe proposed or comp								
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion								
or recompletion.								
		_						
	ubject well was de		•					
	tive to bring the wel		ompliance the	subject w	eli was p	olaced		
back on production in March, 2003.								
I hereby certify that the information above is the and complete to the best of my knowledge and belief.								
SIGNATURE COMMEN	Lord.	TITLE	Operations l	Manager	DΑ	TE 6-12-0	13	
() 17/1	* ************************************		VPCLUCIONO I		DA	<u></u>	<u>-</u>	
	Maxey, Jr.	E-mail ad	dress:		Teleph	one No. 505/6	22-377 0	
(This space for State use) scene						-		
APPPROVED BY	,	TITLE			DA'	TE		
Conditions of approval, if any:					DA			