

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

JAN 28 2019

WATER CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
DISTRICT II-ARTESIA O.C.D.

WELL API NO. 30-015-31521
5. Indicate Type of Lease STATE [ ] FEE [X]
6. State Oil & Gas Lease No. 26934
7. Lease Name or Unit Agreement Name La Huerta 32
8. Well Number #1Y
9. OGRID Number 18364
10. Pool name or Wildcat Burton Flat, Morrow
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2645' GR

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 [ ] Gas Well [X] Other [ ]
2. Name of Operator R C Bennett Company
3. Address of Operator P.O. Box 264, Midland, TX 79702
4. Well Location Unit Letter C : 811 feet from the N line and 1982 feet from the W line
Section 32 Township 21S Range 27E NMPM County EDDY

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [X]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: [ ]

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

BCM respectfully asks for an extension to Plug & Abandon La Huerta 32 #1Y on behalf of R C Bennet Company.

ENTERED
1/30/19

Spud Date: [ ]

Rig Release Date: [ ]

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

SIGNATURE Abigail Anderson TITLE Agent DATE 1/23/19
Type or print name Abigail Anderson E-mail address: abbym@bcmmandassociates.com PHONE: 432-580-7161
For State Use Only

APPROVED BY: [ ] TITLE STAFF DATE 1/30/19
Conditions of Approval (if any):