Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office May 27, 2004 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N French Dr., Flobbs, NM 88240 30-015-35145 District II OIL CONSERVATION DIVISION 1301 W Grand Ave., 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE 1000 Rio Brazos Rd , A Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S St. Francis Dr, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name BIG EDDY UNIT 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) 8. Well Number 159 1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator 9. OGRID Number AUG 13 2007 001801 BEPCO, L.P. 3. Address of Operator OCD-ARTESIA 10. Pool name or Wildcat P.O. BOX 2760 MIDLAND, TX 79702-2760 INDIAN FLATS, SW (MORROW) 4. Well Location : 1950 Unit Letter I feet from the SOUTH line and 660 feet from the EAST line Section 9 Township 22S Range 28E **NMPM** CountyEDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3128' GL Pit or Below-grade Tank Application X or Closure X Pit type DRILLING Depth to Groundwater >100' Distance from nearest fresh water well >200' Distance from nearest surface water |>1000' Below-Grade Tank: Volume 7300 mil SYNTHETIC Pit Liner Thickness: 12 bbls; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK \square PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: OTHER:PIT CLOSURE 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. PIT CLOSED 08/07/2007 PER PIT CLOSURE PLAN APPROVED ON 01/22/2007. I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade tank has been/will be constructed or closed according to NMOCD guidelines \(\subseteq \), a general permit \(\subseteq \) or an (attached) alternative OCD-approved plan \(\subseteq \). TITLE PRODUCTION CLERK SIGNATURE DATE 08/08/2007 Type or print name ANN MOORE E-mail address: camoorebasspet.com Telephone No. (432)683-2277 For State Use Only AUG 1 5 2007 Accepted for record NMOCD APPROVED BY: TITLE DATE Conditions of Approval (if any):