

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

NM-048 768

7. Lease Name or Unit Agreement Name

Buffalo Valley Com.

8. Well No.

2

9. Pool name or Wildcat

Buffalo Valley

1. Type of Well:
OIL WELL ☐

GAS WELL ☒

OTHER

RECEIVED

2. Name of Operator

Bledsoe Petro Corp

3. Address of Operator

3705 W. Memorial Rd, Oklahoma City, OK 73134

4. Well Location

Unit Letter : 1650 Feet From The North Line and 990 Feet From The East Line

Section 35

Township 14S

Range 27E

NMPM Chavez

County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)

3515' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

1. Set CIBP at 7600', Dump 2 sx cement on top.
2. Fill hole with mud
3. Cut 5½" at free point, estimated to be approx 5500', pull 5½" csg.
4. Spot 100 ft cement plug at cut off point, 1/2 in csg. 1/2 out of csg.
5. Spot 100' cement plug at 3400'
6. Spot 100' plug at base of 8 5/8' surf casing, 1/2 in csg. 1/2 out of csg.
7. Spot 30' cement plug at surface
8. Cut off surf casing & weld on metal plate, place steel I.D. marker per Para B-2 rule 202, New Mexico O.C.D.

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

SIGNATURE

Chris Ball

TITLE Agent

DATE 9/23/94

TYPE OR PRINT NAME

Chris Ball

(817) 629-8563

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: