

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

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

Form C-103

May 27, 2004

WELL API NO.

30-025-29106

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Caprock State

8. Well Number #1

9. OGRID Number

125723

10. Pool name or Wildcat

Caprock East, Penn

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 ☐ Other ☐

2. Name of Operator Bisco, Inc

3. Address of Operator PO Box 1055

Lovington, NM 88260

4. Well Location

Unit Letter E : 1650 feet from the North line and 990 feet from the West line

Section 23 Township 12S Range 32E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Steel Depth to Groundwater 31-55ft Distance from nearest fresh water well Distance from nearest surface water Est. 700ft

Pit Liner Thickness: mil Below Grade Tank: Volume bbls Construction Material

12. 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 ☐ MULTIPLE COMPL ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

See attached plugging procedure and C144
Will use steel pit for well fluids

THE OIL CONSERVATION DIVISION MUST
BE NOTIFIED 24 HOURS PRIOR TO THE
BEGINNING OF PLUGGING OPERATIONS.

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 below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE [Signature] DATE

Type or print name

E-mail address:

Telephone No.

For State Use Only

APPROVED BY: [Signature]

TITLE

OG FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

FEB 23 2005

Conditions of Approval (if any)

**Bisco, Inc.
Caprock State # 1
30-025-29106
UL E, Sec 23, T12S,R32E
Plugging Procedure**

**13 3/8" casing set at 400ft, Cement Circulated
8 5/8" casing set at 3650ft, Cement Circulated
5 1/2" casing set at 11223ft, Cement with 850sx, TOC 6710 by TS**

- 1. MIRU-Install BOP- Move in workstring**
- 2. RIH and spot 30sx @10375-10275ft & Tag**
- 3. Circ 9.5# mud**
- 4. Spot 25sx @7450-7350ft**
- 5. Freepoint casing, Cut and pull casing from 6500ft**
- 6. Spot 40sx @ 50ft in and 50ft out of casing stub – Tag**
- 7. Spot 40sx @ 3700-3600ft and Tag**
- 8. Spot 35sx @ 1570-1470ft**
- 9. Spot 35sx @ 450ft-350ft and Tag**
- 10. Spot 20sx @ surface-Cut off wellhead, anchors**

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State of New Mexico
Energy Minerals and Natural Resources

Form C-144
June 1, 2004

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

For drilling and production facilities, submit to
appropriate NMOCD District Office.
For downstream facilities, submit to Santa Fe
office

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered by a "general plan"? Yes ☐ No ☐

Type of action: Registration of a pit or below-grade tank ☐ Closure of a pit or below-grade tank ☐

Operator: Bisco, Inc Telephone: 505-396-3121 e-mail address: _____
Address: PO Box 1055 Lovington, NM 88260
Facility or well name: Caprock State # 1 API #: 30-025-29106 U/L or Qtr/Qtr E Sec 23 T 12S R 32E
County: Lea Latitude _____ Longitude _____ NAD: 1927 ☐ 1983 ☐ Surface Owner Federal ☐ StateX ☐ Private ☐ Indian ☐

Pit

Type: Drilling ☐ Production ☐ Disposal ☐
Workover X ☒ Emergency ☐
LinedX ☐ Unlined ☐
Liner type: SyntheticX ☐ Thickness 12 mil Clay ☐
Pit Volume 200 bbl

Below-grade tank

Volume: _____ bbl Type of fluid: _____
Construction material: _____
Double-walled, with leak detection? Yes ☐ If not, explain why not: _____

Depth to ground water (vertical distance from bottom of pit to seasonal high
water elevation of ground water.) 33-50ft

Less than 50 feet	(20 points)	20
50 feet or more, but less than 100 feet	(10 points)	
100 feet or more	(0 points)	

Wellhead protection area: (Less than 200 feet from a private domestic
water source, or less than 1000 feet from all other water sources.)

Yes	(20 points)	
No	(0 points)	0

Distance to surface water: (horizontal distance to all wetlands, playas,
irrigation canals, ditches, and perennial and ephemeral watercourses.)

Less than 200 feet	(20 points)	
200 feet or more, but less than 1000 feet	(10 points)	10
1000 feet or more	(0 points)	

Ranking Score (Total Points)		30
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If this is a pit closure: (1) attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location: (check the onsite box if
you are burying in place) onsite ☐ offsite ☐ If offsite, name of facility: _____ (3) Attach a general description of remedial action taken including
remediation start date and end date. (4) Groundwater encountered: No ☐ Yes ☐ If yes, show depth below ground surface _____ ft. and attach sample results. (5)
Attach soil sample results and a diagram of sample locations and excavations.

Additional Comments:

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above-described pit or below-grade tank has
been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐, or an (attached) alternative OCD-approved plan ☐.

Date: _____
Printed Name/Title: John Bissett - Owner Signature: John Bissett

Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or
otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or
regulations.

Approval:
Printed Name/Title _____

ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

FEB 23 2005