Submit 3 Copies To Appropriate District Office	State of New 1	Mexico	Form C-10)3
District I	Energy, Minerals and N	atural Resources	Revised May 08, 20	
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-23961	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	=	5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. F		STATE X FEE	
District IV	Santa Fe, NM	87505	6. State Oil & Gas Lease No.	\dashv
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-1258-1	
SUNDRY NOTION	CES AND REPORTS ON WEL	LLS	7. Lease Name or Unit Agreement Nam	ne
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC	ALS TO DRILL OR TO DEEPEN OR ATION FOR PERMIT" (FORM C-101	PLUG BACK TO A	New Mexico "AE" State	
PROPOSALS.)	THOM TOKE BIGHT (FORM C-101) i ok socii		
1. Type of Well: Oil Well XX Gas Well	Othor		8. Well Number	
	Other		24	
2. Name of Operator Bisco, Inc.			9. OGRID Number 125723	
3. Address of Operator 6/o Oil Reports & Gas	Services. Inc. 1008	W. Broadway	10. Pool name or Wildcat Vacuum; Abo Reef	
4. Well Location		s, NM 88240	vacuum, Abb Reel	
**				
Unit Letter H:	1850 feet from the Nor	th line and	550 feet from the East line	2
Section 11	Township 18S	Range 34E	NMPM Lea County	
	11. Elevation (Show whether I		NMPM Lea County	20:00
The state of the s	39941	GR		
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report or Other Data	لنتخت
NOTICE OF IN			SEQUENT_REPORT OF:	_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K ALTERING CASING _]
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		J
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ABANDONMENT ABANDONMENT	
OTHER: Convert to SWD	T _X	OTHER:	Г	7
13. Describe proposed or comp			and give pertinent dates, including estimated	<u> </u>
of starting any proposed wor or recompletion.	k). SEE RULE 1103. For Mul	tiple Completions: At	tach wellbore diagram of proposed completi	ion
Tes	t csg and if good mak	se annlication	to Comment to CVD	
One	approved will run th	og & dispose pr	oduced water from	
New	Mexico "AE" State 1e	ease.		
			AS 1920212223 24 23	
			Agree . The	$\mathcal{E}_{\mathcal{I}}$
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			Lione Stacket	
I hereby certify that the information al	pove is true and complete to the	best of my knowledge	e and belief.	_
SIGNATURE HOUSE HER	1	Agenb	DATE 5/19/03	
Type or print name Gaye Hear	:d		Telephone No. 505/393-23	727
(This space for State use)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DEDDESENTATIVE	IL/STAFF MANAGER	<u>'</u>
APPPROVED BY	OC FIELD) KERKESCINIA		
Conditions of approval, if any:	U. WILLE_		DATE	
V				