Submit 3 Copies To Appropriate District Office		of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised May 08, 2003 WELL API NO.
District II	OII CONSEL	30-025-25082	
1301 W. Grand Ave., Artesia, NM 88210 District III		RVATION DIVISION of the St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.
87505 SUNDRY NOT	ICES AND REPORTS	ON WELLS	B-1258-1
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			New Mexico "AE" State
1. Type of Well:			8. Well Number
Oil Well XX Gas Well Other			25
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		Hobbs, NM 88240	,
Unit Letter B	990 feet from the	e North line and	1780 feet from the East
	reet from the	e North line and	feet from the East line
Section 11	rownship	18S Range 34E	NMPM Lea County
	11. Elevation (Show) 4(whether DR, RKB, RT, GR, etc 000' GR	c.)
12. Check	Appropriate Box to J	Indicate Nature of Notice	Report or Other Data
NOTICE OF IN	NTENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N REMEDIAL WO	RK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DE	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	AND ABANDONMENT
OTHER:		OTHER:	<u></u>
13. Describe proposed or con	pleted operations. (Cle	early state all pertinent details	and give pertinent dates, including estimated date
of starting any proposed we or recompletion.	ork). SEE RULE 1103.	For Multiple Completions: A	ttach wellbore diagram of proposed completion
Mo on	ve pumping unit production.	in, change pump, te	est tubing & place back
•			est tubing & place back 10202122232425562728256272829 1020212223242556272829 1020212223242556272829 1020212223242556272829 1020212223242556272829 1020212223242556272829 1020212223242556272829 102021222324256272829 1020212222324256272829 1020212222324256272829 1020212222324256272829 102021222232425629 1020212222232425629 1020212222232425629 1020212222232425629 10202122222222425629 10202122222222425629 102021222222222425629 102021222222222425629 10202122222222222825629 10202122222222222825629 102021222222222222282825629 1020212222222222228282828282828282828828282828
			Trope of the state
I hereby certify that the information		ete to the best of my knowledg	ge and belief.
SIGNATURE. Day	Meard	TITLE Agent	DATE 5/19/03
	ye Heard		Telephone No. 505/393-2727
(This space for State use) APPPROVED BY	11:11	OC FIELD REPRESEN	ITATIVE II/STAFF MANAGER MAY 2 1 200
Conditions of approval, if any:	w.w.k	TITLE	DATEDATE