

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.	30-025-22054
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REEVALUATE A WELL IN A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		RECEIVED JUL 26 1989	
1. Type of Well: OIL ☒ GAS ☐ OTHER ☐	2. Name of Operator Bison Petroleum Corporation		
3. Address of Operator 5809 S. Western Suite 200 Amarillo, Tx.		7. Lease Name or Unit Agreement Name EPPERSON	
4. Well Location Unit Letter O : 660 Feet From The S Line and 2110 Feet From The E Line Section 24 Township 11-S Range 33-E NMEN 1EA County		8. Well No. 3	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4217.6 GR		9. Pool name or Wildcat INBE PERMO PENN	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.
- 4/14/89 RUPU. Pull R&T, 38T CIAP @ 9782' w/ 5SKS. RT to 9700'. Circ 16 1/2 w/ 10 #/gal MUD.
 - Pump 30SK @ 6850'. PT to 5400' spot 30SK. POH
 - 4/21/89 Cut CSK @ 4016 Lay Down. Run TBG spot 50:1 @ 4050 TAG @ 3910'
 - 4/24/89 Port 8 5/8 @ 1950' spot 40SKS. TAG @ 1820'. Cut 8 5/8 @ 995' Lay Down.
 - RT to 1050'. spot 50SK AND TAG. PT to 400' spot 65SK
 - 10SK 12 SURFACE.
 - 4/27/89 INSTALL Dry hole MARKER. Clear location, HOL.

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

SIGNATURE Bruce O. Barthel TITLE President DATE 7-21-89
TYPE OR PRINT NAME Bruce O. Barthel TELEPHONE NO. 806/358-0181

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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