Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103		
District I 1625 N. French Dr., Hobbs, NM 88240	Luergy, Minerals and N	Natural Resources	WELL API NO.	Revised March 25, 1999		
District II	OIL CONSERVATI	ONDIVISION	30-025-34263			
811 South First, Artesia, NM 88210 District III	2040 South J		5. Indicate Type of	f Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NN		STATE 🗲			
District IV 2040 South Pacheco, Santa Fe, NM 87505	-		6. State Oil & Ga VA 19	141		
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.)			Salbar ATQ State Com			
1. Type of Well: Oil Well 🔀 Gas Well 🗔	Other					
2. Name of Operator			8. Well No.			
Bonneville Fuels Corporation			#1			
3. Address of Operator			9. Pool name or Wildcat			
1660 Lincoln Street Suite 2200 Denver, CO 80264			Wildcat Strawn/	Wolfcamp		
4. Well Location						
Unit Letter <u>E</u> 245	56'feet from the <u>North</u>	line and <u>102</u>	<u>3</u> _feet from the	West line		
Section 16	Township 16S	Range 36E	NMPM LE.	A County		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3918' GR						
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT REF	PORT OF:		
	PLUG AND ABANDON	REMEDIAL WOR	к 🗖	ALTERING CASING		
	CHANGE PLANS		ILLING OPNS.	PLUG AND		
		CASING TEST AN 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Bonneville Fuels Corporation proposes to run production casing on the above referenced well following the attached procedure.

I hereby certify that the information above is true and comp	lete to the	best of my knowledge an	nd belief.
SIGNATURE Jodd & The Duall	TITLE_	Operations Engineer	DATE <u>1/24/2000</u>
Type or print name Todd McDonald for Robert A. Schu	wering		Telephone No. 303 863-1555 ext 213
(This space for State use) ORIGINAL SIGNED APPPROVED BY DISTRICT I SUPERVISOR Conditions of approval, if any:	TITLE_		DATE AR 07 BAR
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