Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C	-10	3
Revis	еđ	1-3	-89

District Office	57.		•		KCIDCG 1-1-07
DISTRICT	OIL CONSERVA			WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		30-025-2	9461		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mo	exico	87504-2088	5. Indicate Type of	of Lease
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Azec, NM 87410				6. State Oil & Ga	s Lease No.
SUNDRY NOTICE	CES AND REPORTS ON	V WEI	IS		
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER		EEPEN OR PE	OR PLUG BACK TO A	7. Lease Name or	Unit Agreement Name
1. Type of Well: OIL WELL X WELL	OTHER	<u> </u>		Ashland	Exploration
2. Name of Operator				8. Well No.	
Bonneville Fuels Co	rporation			1	
•	Address of Operator 1600 Broadway, Suite 1110, Denver, CO 80202		9. Pool name or Wildcat		
4. Well Location	e iliu, benver, co	, 002	U2	J South Hum	ble City (Strawn)
Unit Letter E :210	O Feet From The North	· .	. Line and 600	Feet From	The West
					T.00
Section 13	Township 17S	Ra whether	nge 37E DF, RKB, RT, GR, etc.)	NMPM	Lea Cour
	3724	, m. e / 1E /	er prosepting on acy		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check A	Appropriate Box to Indi	icate l	Nature of Notice R	eport, or Other	r Data
NOTICE OF INT	4		•	SEQUENT F	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	LX	REMEDIAL WORK	닏	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDONMEN
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB	
OTHER:			OTHER:		
12 Describe Proposed or Completed Operation work) SEE RULE 1103. The 5 1/2" production can follows: 1.) Set 5 1/2" CIBP at 2.) RIH with 2 7/8" Tbg 3.) Spot 100' plug (25 4.) Spot 100' plug (25 5.) Cut off wellhead, i	8700'. Dump 4 sx and pressure tes sx neat) f/5300'-5 sx neat) f/100-0'	ceme st ca 5200' (sur	at 8738'. We part on top. sing to 500 psi face plug).	ropose to P Circ ho rs and rest	%A the well as
Note: Cement was circula			HOURS PRIOR PLUGGING OPER	TO THE BEGIN	UNING OF
I hereby certify that the information above is true	and complete to the best of my knowl	edge md	belia, TO - BE APPROVE), J) ·	→ /_ /-
SIGNATURE	y	m	Operations Su	pervisor	DATE
TYPEORPRITNAME Gerald D. Ge	entry				TELEPHONE NO.
(This space for State Use) process of the process	,				DATE
ATROVED BY		<u> </u>	u		DATE OF THE STATE OF THE ST
~ 1,50122 21			the state of the s		