

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-09992

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 DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
BEC Corporation

3. Address of Operator
P.O. Box 1392 Midland, Texas 79702

7. Lease Name or Unit Agreement Name

Owen A

8. Well No.
2

9. Pool name or Wildcat
Penrose Skelly Grayburg

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line
Section 3 Township 22-S Range 37-E NMMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3410 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Set CIBP @ 5200' to Plug Blinbry Perfs. 5510' - 5830'
Return to Penrose Skelly Grayburg Production
Perforations 3662-3796'

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

SIGNATURE O.T. Maxwell TITLE Production Supt.

DATE 4-27-93

TYPE OR PRINT NAME O.T. Maxwell

915 682-1828
TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

2A Blinbry Perfs. Plug