| NO. OF COPIES RECEIVED  | <del></del>               |   |                                      | Form C-103                                  |
|---|---------------------------|---|--------------------------------------|---|
| DISTRIBUTION  |                           |   | Supersedes Old<br>C-102 and C-103    |   |
| SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION   |                           |   | RVATION COMMISSION                   | Effective 1-1-65                            |
| FILE  |                           |   |                                      |   |
| U.S.G.S.  |                           |   |                                      | 5a. Indicate Type of Lease                  |
| LAND OFFICE   |                           |   |                                      | State Fee                                   |
| OPERATOR  |                           |   |                                      | 5. 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.) |                           |   |                                      |   |
| I. OIL GASK WELL WELL   |                           |   | - NOT OUR EST,                       | 7. Unit Agreement Name                      |
| 2. Name of Operator Anadarko Production Company   |                           |   |                                      | 8. Fr. or Brunson Tr.1                      |
| 3. Address of Operator P.O. Box 806   | 9. Well No.               |   |                                      |   |
|   |                           |   |                                      | 10. Field and Pool or Wildcat               |
| P   | 330 FEE                   | South                                   | LINE AND FEET FR                     |   |
| E   | <b>4</b><br>NE. SECTION   | 225                                     | 37E                                  |   |
| THE RANGE NI  |                           |   |                                      | ** (  |
| 15. Elevation (Show whether DF, RT, GR, etc.)   |                           |   |                                      | Lea County                                  |
| 16.   | Check Appropriate         | Box To Indicate Na                      | ture of Notice, Report or (          | Other Date                                  |
|   | E OF INTENTION T          |   |                                      | NT REPORT OF:                               |
|   |                           | ·                                       | 30832002                             | NI REPORT OF:                               |
| PERFORM REMEDIAL WORK   |                           | PLUG AND ABANDON                        | REMEDIAL WORK                        | ALTERING CARING                             |
| TEMPORARILY ABANDON   |                           | j                                       | COMMENCE DRILLING OPNS.              | ALTERING CASING                             |
| PULL OR ALTER CASING  |                           | []                                      | CASING TEST AND CEMENT JOB           | PLUG AND ABANDONMENT                        |
| _   |                           | х                                       | OTHER                                | Γ-  |
| Put on Pump   |                           | ^                                       |                                      |   |
|   |                           |   |                                      |   |
| <ol> <li>Describe Proposed or Com<br/>work) SEE RULE 1103.</li> </ol>   | pleted Operations (Clear  | ly state all pertinent detai            | ls, and give pertinent dates, includ | ing estimated date of starting any proposed |
| ,   |                           |   |                                      |   |
| 3 7   | Dit to been form          |   | ned off so will flow                 |   |
|   |                           |   | ped off so will flow                 |   |
|   | Nipple @ 3675             | '                                       |                                      |   |
| 3. Put on p   | quup                      |   |                                      |   |
|   |                           |   |                                      |   |
|   |                           |   |                                      |   |
|   |                           |   |                                      |   |
|   |                           |   |                                      |   |
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|   |                           |   |                                      |   |
|   |                           |   |                                      |   |
| 18. I hereby certify that the inf   | formation above is true a | nd complete to the best of              | my knowledge and belief.             |   |
|   |                           |   | yowiouge und Bettet.                 |   |
| SIGNED Howard   | Hackett                   | Field                                   | Foreman                              | June 5, 1978                                |
|   | Orig. Signed by           |   |                                      |   |
| APPROVED BY   | Jerry Sexten              |   |                                      | DATE JUN 16 19/18                           |
|   | Dist 1, Supv.             | , |                                      |   |
| CONDITIONS OF APPROVAL,   | IF ANY:                   |   |                                      |   |