Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

Form C-103
Revised 1-1-89

WELL API NO. 30-025-10140

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.)

7. Lease Name or Unit Agreement Name: Brunson Argo A

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

2. Name of Operator: BEC Corporation

8. Well No. 8

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

9. Pool name or Wildcat: Penrose Skelly Grayburg

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 9 Township 22S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3424' GR

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.

Loaded Casing with 100 Bbls. Produced Water. Tested O.K. to 500 PSI.
MIRU FWS Nipple Up BOP POOH Giberson KV-30 Pkr. & Hold-down.
Run Collar Log.
Run Bit and Scraped to 3660' Tag old TD
Run Production String bottom Hole Pump & Rods
Move in Pumping Unit & Test Well.
Produced 5 Bbls. Oil 16 Bbls Water and 60 MCF Gas Per Day.

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

SIGNATURE _____ TITLE Production Superintendent DATE 6-5-98

TYPE OR PRINT NAME O.T. Maxwell TELEPHONE NO. 915 682-1822

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: