Submit 3 Copies to Appropriate

State of New Mexico Energ Ainerals and Natural Resources Department

Form	C	-10	13
Revis	æd	1.	1-89

District Office	6,,	oodii oo Dopiii dhent	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTI	ICES AND REPORTS ON WE	LLS	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
(FORM C	-101) FOR SUCH PROPOSALS.)		
1. Type of Well: Oil GAS WELL A WELL			Baker B
2. Name of Operator	OTHER		
BEC Corporation			8. Well No.
3. Address of Operator P.O. Box 1392	Midland Tares GOOG		9. Pool name or Wildcat
4. Well Location	Midland, Texas 7970)2,	Penrose Skelly Grayburg
Unit Letter M : 660	Feet From The South	Line and66	O Feet From The West Line
10			Ica rion lie Line
Section 10	Township 22S R. 10. Elevation (Show whether	ange 37E	NMPM Lea County
	3412 GL	•	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check	Appropriate Box to Indicate		eport or Other Data
NOTICE OF INT	ENTION TO:		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	DI LIGAND ADANDON		
_	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. L PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND			EMENT JOB
OTHER:		OTHER:	
12 Describe Proposed or Completed Com-			
work) SEE RULE 1103.	ions (Clearly state all pertinent details, ar	nd give pertinent dates, inclu	ding estimated date of starting any proposed
77t101 3 T			
Returned to P	ease - Set Motor &	Controls - C	hange out BHP
is out hed of the	roduction P - 2	pors. OIT, T R	ol. Water IOMCF Gas.
		• •	
I hereby certify that the information above is true	and complete to the hest of my knowledge and	haliaf	
SIONATURE	m	Prod. Supt.	
TYPE OR PRINT NAME 0.T. Maxwe	<u>=11</u>		915 682 –18 28 Telephone no.
(Thus space for State Use)	NY JERRY CEVIAN		
(This space for State Use) ORIGINAL SISNED	SUPERVISOR		
APPROVED BY	m	£	26, 9 1 NON 1 e