

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-11488
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 20157
7. Lease Name or Unit Agreement Name S Langlie Jal Unit
8. Well No. 4
9. Pool name or Wildcat Jalmat Tansill Yates 7 Rivers
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3353' TD 3130' DF 3125' GL

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Injection	
2. Name of Operator Bristol Resources Corporation	
3. Address of Operator 6655 S Lewis, Suite 200, Tulsa, OK 74136	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line 7 Section 25S Township 37E Range NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3353' TD 3130' DF 3125' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Pull tbgs & repair packer <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Pull tbgs and repair packer and test tubing. Replace bad tubing. Date of starting work is as soon as possible after approval.

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

SIGNATURE Katherine E. Henshaw TITLE Production Analyst DATE 5/17/99

TYPE OR PRINT NAME Katherine E. Henshaw

TELEPHONE NO. 915-553-1923 (Don Tyler)

(This space for State Use)

APPROVED BY CHRYN AK TITLE FIELD REP. 1 DATE

CONDITIONS OF APPROVAL, IF ANY: