

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-22906

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
Empire Abo Unit "I"

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

2. Name of Operator
BP America Production Company

8. Well No.
292 A

3. Address of Operator
P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat
Empire Abo

4. Well Location
Unit Letter **4** Feet From The **N** Line and **1070** Feet From The **W** Line

Section **4** Township **18S** Range **28E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3663.6' GR

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: **MIT** ☒

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.

TD: 6350' PBD: 6288' CIBP: 6044' PERFS: 6066-6084'

01.30.03: Load well and press test to 590# and held 30 mins.
NMOCD notified but did not witness test. Chart attached.
Request TA status to remain for future use and uphole potential.

Temporary Abandoned Status approved
until **1-30-08**

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

SIGNATURE *Kellie D. Murrish* TITLE **Sr. Administrative Assistant** DATE **02.04.03**

TYPE OR PRINT NAME **Kellie D. Murrish** TELEPHONE NO. **505.394.1649**

(This space for State Use)

APPROVED BY *[Signature]* TITLE *[Signature]* DATE **FEB 18 2003**

CONDITIONS OF APPROVAL, IF ANY:

Part TA

