

RM

JUL - 8 2009

Form C-103  
March 18, 2009

Submit One Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                                                                                     |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------|--|------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------|----------------------------------------------|---------------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------------|---------------------------------|--|----------------------------------|--|--|--------------------------------------------|--|--|------------------------------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | WELL API NO.<br>30-015-00719                                                                        |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| 1. Type of Well: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| 2. Name of Operator<br>BP America Production Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           | 6. State Oil & Gas Lease No.                                                                        |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| 3. Address of Operator<br>P.O. Box 1089, Eunice NM 88231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | 7. Lease Name or Unit Agreement Name<br>RIVERWOLF UNIT                                              |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| 4. Well Location<br>Unit Letter C : 990 feet from the N line and 1980 feet from the W line<br>Section 2 Township 18S Range 27E NMPM County EDDY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | 8. Well Number 5                                                                                    |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3585' GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | 9. OGRID Number<br>00778                                                                            |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | 10. Pool name or Wildcat<br>EMPIRE ABO                                                              |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| <table border="0"><tr><td colspan="2"><b>NOTICE OF INTENTION TO:</b></td><td><b>SUBSEQUENT REPORT OF:</b></td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>MULTIPLE COMPL <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td></tr><tr><td colspan="2">OTHER: <input type="checkbox"/></td><td>P AND A <input type="checkbox"/></td></tr><tr><td colspan="2"></td><td>CASING/CEMENT JOB <input type="checkbox"/></td></tr><tr><td colspan="2"></td><td><input checked="" type="checkbox"/> Location is ready for OCD inspection after P&amp;A</td></tr></table> |                                           |                                                                                                     | <b>NOTICE OF INTENTION TO:</b> |  | <b>SUBSEQUENT REPORT OF:</b> | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | OTHER: <input type="checkbox"/> |  | P AND A <input type="checkbox"/> |  |  | CASING/CEMENT JOB <input type="checkbox"/> |  |  | <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A |
| <b>NOTICE OF INTENTION TO:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | <b>SUBSEQUENT REPORT OF:</b>                                                                        |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                                                              |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CHANGE PLANS <input type="checkbox"/>     | ALTERING CASING <input type="checkbox"/>                                                            |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MULTIPLE COMPL <input type="checkbox"/>   | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                    |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
| OTHER: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | P AND A <input type="checkbox"/>                                                                    |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | CASING/CEMENT JOB <input type="checkbox"/>                                                          |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A                  |                                |  |                              |                                                |                                           |                                        |                                              |                                       |                                          |                                               |                                         |                                                  |                                 |  |                                  |  |  |                                            |  |  |                                                                                    |

- ☒ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  
☒ Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  
☒ A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the

**OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.**

- ☒ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.  
☒ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  
☒ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.  
☒ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)  
☒ All other environmental concerns have been addressed as per OCD rules.  
☒ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE Barry C. Price TITLE: Area Operations Team Lead DATE: 6/29/09

TYPE OR PRINT NAME Barry C. Price E-MAIL: barry.price@bp.com PHONE: 575-394-1648  
For State Use Only

APPROVED BY: Ruth Inas TITLE Compliance Officer DATE 7/9/09  
Conditions of Approval (if any):