OIL CONS. DIV DIST. 3

Submit One Copy To Appropriate District	Ci i CNI M	OCT 1 3 2013		
Office	State of New Mo	ex1co	Form C-103	
District I Energy, Minerals and Natural Resources		Revised November 3, 2011 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II		30-045-26856		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION	DIVISION	5. Indicate Type of Lease	
District III 1220 South St. Francis Dr.		STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM		o. State on & Gas Lease No.		
87505				
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name		
(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			Keys Gas Com G	
PROPOSALS.)			8. Well Number	
1. Type of Well: ☐Oil Well ☐ Gas Well ☐ Other			1R	
2. Name of Operator			9. OGRID Number	
BP America Production Company			000778	
3. Address of Operator			10. Pool name or Wildcat	
737 North Eldridge Parkway, Houston, TX 77079		Basin Fruitland Coal		
4. Well Location				
Unit Letter K : 1460 feet	from the South line and 1550fe	et from the West line	e	
Unit Letter K: 1460 feet from the South line and 1550 feet from the West line Section 27 Township 32N Range 10W NMPM County San Juan				
Section 27 Township 32N Range 10W NMPM County San Juan 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11. Elevation (Snow whether DR, RRB, R1, GR, etc.) 5946'				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
12. Check Appropriate box to indicate Nature of Notice, Report of Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR		The state of the s		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN				
FULL OR ALTER CASING	MIDETIFLE COMPL	CASING/CEIVIEN	1308	
OTHER: 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				
* Below grade marker on location				
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. If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well				
		cai service poies and	d lines have been removed from lease and well	
location, except for utility's distribution	n infrastructure.			
W/h II h h h h d d	41: 6 to the	District - 60 - 4 1	Adam to a familiar	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
For all questions or to schedule an inspection, please contact Sabre Beebe at 970-375-7530 or Sabre.Beebe@bp.com				
SIGNATURE JOYA (100				
TYPE OR PRINT NAME _Toya Colvin E-MAIL: _Toya.Colvin@bp.com PHONE: _281-366-7148				
For State Use Only				
A THOUSE OF THE STATE OF THE ST	A -	m	num III ala	
APPROVED BY:	TITLE OMP	iance Office	C DATE 11/12/2015	
Conditions of Approval (if any):	0			