Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.		
District II - (575) 748-1283	S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION rict III – (505) 334-6178 1220 South St. Francis Dr.			30-045-25841	
				Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410				STATE	☐ FEE ☒
District IV - (505) 476-3460				6. State Oil & Ga	as Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505					
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 Gas Well Other				7. Lease Name or Unit Agreement Name Irvin Com	
				8. Well Number	
2 Name of Operator				9. OGRID Number	
2. Name of Operator BP America Production Company				9. OGKID Number 000778	
Address of Operator				10. Pool name or Wildcat	
501 Westlake Park Blvd., Three Eldridge Place 12.181A				Basin Dakota	
Houston, TX 77079				Duom Dunom	
4. Well Location					
Unit Letter E_:	1570 feet from th	e North	line and 1110	feet from the	West line
Section 11 Township 29N Range 13W NMPM County San Juan					
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
5367'					
NOTICE OF PERFORM REMEDIAL WORK [TEMPORARILY ABANDON [PULL OR ALTER CASING [DOWNHOLE COMMINGLE [CHANGE PLANS MULTIPLE COMPL Inpleted operations. (Cleawork). SEE RULE 19.15 ecompletion. Input operations and low	on arly state all property of the turns of	SUE REMEDIAL WOR COMMENCE DE CASING/CEMEN OTHER: pertinent details, ar C. For Multiple Co	BSEQUENT RE RK RILLING OPNS. IT JOB Cleanout-Fish/Land and give pertinent date completions: Attach v	PORT OF: ALTERING CASING PAND A DITUDING Ses, including estimated date wellbore diagram of swere as follows: L CONS. DIV DIST. 3
Spud Date: 04/09/1	984 R	Rig Release Date:			NOV 1 2 2015
- F 2					177
The state of the s					
I hereby certify that the information a	pove is true and complete to	the best of m	y knowledge and bel	ief.	THE THE PERSON
SIGNATURE JOHA WITTLE Regulatory Analyst DATE 11/09/2015					
Type or print name Toya Colvi For State Use Only APPROVED BY: Conditions of Approval (if any):	E-mail address:	Toya.Col		HONE: <u>281-366-71</u> DATE ///	118/15