| Submit 1 Copy To Appropriate District Office | State of field Michies | | Form C-103 Revised July 18, 2013 | |
|--|------------------------------------|----------------------|--------------------------------------|--|
| District I - (575) 393-6161 | Energy, Minerals and Nat | iral Resources | WELL API NO. | |
| 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 | | | 30-045-31428 | |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease | |
| District III - (505) 334-6178 | 1220 South St. Francis Dr. | | STATE FEE | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | Federal Lease NMSF078513 | |
| 87505 | ICES AND DEDORTS ON WELL | 2 | 7. Lease Name or Unit Agreement Name | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name of Onit Agreement Name | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | Arnaud A | |
| PROPOSALS.) | Gas Well 🛛 Other | | 8. Well Number | |
| 1. Type of Well: Oil Well | | | 38 | |
| 2. Name of Operator | | | 9. OGRID Number | |
| BP America Production Company | | | 000778 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| 737 North Eldridge Pkwy, 12.181A Houston, TX 77079 | | | Basin Fruitland Coal | |
| 4. Well Location | | | | |
| Unit Letter J_: 1940 feet from the South line and 1820 feet from the East line | | | | |
| | | | | |
| Section 20 Township 32N Range 09W NMPM County San Juan | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6771' | | | | |
| O//I | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR | | | | |
| TEMPORARILY ABANDON | | COMMENCE DRIL | | |
| PULL OR ALTER CASING | | CASING/CEMENT | | |
| DOWNHOLE COMMINGLE | | | | |
| The state of the s | CLOSED-LOOP SYSTEM | | | |
| OTHER: Operate Below Atmospher | | OTHER: | | |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date | | | | |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of | | | | |
| proposed completion or recompletion. | | | | |
| | | | | |
| BP respectfully provides notice of our intention to begin operating the subject well below atmospheric pressure at least ninety | | | | |
| days from the date of this sundry pursuant to the provisions of NMAC 19.15.18.13. The gathering system immediately | | | | |
| downstream of this well is also operated by BP and this system will not be operated below atmospheric pressure. As a result, no agreements with downstream gathering system operators or pipeline operators are necessary. | | | | |
| agreements with downstream gat | nering system operators or pipelii | ie operators are nec | OIL CONS. DIV DIST. 3 | |
| | | | | |
| Spud Date: 05/16/20 | 03 Rig Release I | Date: | DEC 0 5 2016 | |
| | | | DEC 00 Edit | |
| al pr | | | * * * | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| Thereby certain that the information above is true and complete to the best of my knowledge and benef. | | | | |
| SIGNATURE OUL TITLE Regulatory Analyst DATE 11/30/2016 | | | | |
| | | | | |
| Type or print name Toya Colvin E-mail address: Toya.Colvin@bp.com PHONE: 281-892-5369 | | | | |
| For State Use Only Deputy Oil & Gas Inspector, | | | | |
| ////////////////////////////////////// | | | | |
| THE TOTAL PROPERTY OF THE PROP | | | | |
| Conditions of Approval (if any): | | | | |