Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103				
District 1	Energy, Minerals and Natural Resources			Revised March 25, 1999				
1625 N. French Dr., Hobbs, NM 88240	•				WELL API NO.			
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION				30-045-30319			
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505 WILL BY			STATE FEE				
1220 S. St. Francis Dr., Santa Fe, NM 87505			4	Stat	e Oil & G	as Lease No.		
	TICES AND REPORTS OF	J WEI/IS	UL 2002	7 1 225	Name or	r Unit Agreement Na		
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	OSALS TO DRILL OR TO DEED	PEN OR PLUG BACK	TO A	7. Least	vivallie of	Omt Agreement Na	me:	
1. Type of Well:		free of	*•		Gallego	s Canyon Unit		
Oil Well Gas Well	Other	No.			•	•		
2. Name of Operator				8. Well	No			
BP America Production Compan	v Attn:	Cherry Hlava	متحسر أمار أساوان	o. wen	NO.	566	İ	
3. Address of Operator		Onerry Thava		9 Pool	name or V			
P.O. Box 3092 Houston, TX 77253				9. Pool name or Wildcat F5 & FC				
4. Well Location				l	<u>_</u>	3410		
							ļ	
Unit Letter F	2150 feet from the	North line and	1340_f	feet from t	he W	est line		
Section 28	Township 29N	Range 12W		NMPM	San Jud	an County		
	10. Elevation (Show w	hether DR, RKB,	RT, GR, etc	:.)		31. 3. 3. 3.		
and the second s		5322'						
11. Check	Appropriate Box to Inc	dicate Nature o	f Notice, I	Report of	r Other !	Data	Name of Street, or other Persons and Street,	
NOTICE OF I	NTENTION TO:					PORT OF:		
PERFORM REMEDIAL WORK	☐ PLUG AND ABANDON	REME	DIAL WORK			ALTERING CASIN	G □	
TEMPORARILY ABANDON	CHANGE PLANS	COMM	MENCE DRII	LLING OP	NS. 🗌	PLUG AND		
PULL OR ALTER CASING	J MULTIPLE		CASING TEST AND CEMENT JOB				<u></u>	
	COMPLETION	CEME	MI JOB					
OTHER: Extension of permit to o		OTHE		Well			\boxtimes	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.								
This sundry is sent to verify thi	s well is a FEE well and <u>no</u>	<u>ot</u> a State well as	previous C	-103s ind	icated.			
						<u>.</u>		
I hereby certify that the information	on above is true and compl	ete to the best of n	ıy knowledş	ge and bel	ief.			
SIGNATURE Churry HA	avaT	ITLE <u>Permittin</u>	g Analyst	DA	TE <u>07</u>	7/08/2002		
Type or print name Cherry H	flava			Teleph	one No.	281-366-4081		
(This space for State use).	D BY SHAPLE Y, PERIOD		N. & BAS IM					
APPPROVED BY		TITLE MANY	W P ALTO			DAGE 1220	102	
Conditions of approval, if any:						DVAUT I & VI	UZ	