

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, 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

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-22597

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

EMPIRE ABO UNIT "H"

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 ☐

2. Name of Operator

BP America Production Company

Attn: Sue Sellers

3. Address of Operator

P.O. Box 3092 Houston, Tx 77253

8. Well No.

281

9. Pool name or Wildcat

Empire Abo

4. Well Location

Unit Letter P 200 feet from the South line and 660 feet from the East line

Section 32

Township 17S

Range 28E

NMPM

County Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3674' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: RESUMED PRODUCTION ☐

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.

BP America Production Company hereby notifies you that the H-281 well resumed production on February 16, 2006 at a rate of 2 MCF, 7 BOPD, 55 BWPD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sue Sellers / Susan Beemel TITLE Regulatory Analyst DATE 04/07/2006

Type or print name Sue Sellers

Telephone No. 281-366-2052

(This space for State use)

APPROVED BY Accepted for record TITLE NMOC DATE 04/07/2006

Conditions of approval, if any: