Submit 3 Copies To Appropriate Pistoric 1 8 9 10 77 State of New Mexico Office Office Director I	Form C-103
DISHIELI 1635 N French Dr. Hobbs AM 87240	Revised March 25, 1999 WELL API NO.
District II / JUN WOOLL CONSERVATION DIVISION	30-015-32421
District III 6 RECEIVED -2040 South Pacheco	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, SM 8000 - ARTESIA Santa Fe, NM 87505	STATE 🔀 FEE 🗌
2040 South Pacheco, Santa Fe SaM 87505	6. State Oil & Gas Lease No.
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.)	7. Lease Name or Unit Agreement Name: RED LAKE 3 STATE
1. Type of Well: Oil Well Gas Well X Other	
2. Name of Operator	8. Well No.
BP AMERICA PRODUCTION COMPANY	1
3. Address of Operator	9. Pool name or Wildcat
501 WESTLAKE PARK BLVD, RM 6.138; HOUSTON, TEXAS 77079 4. Well Location	EMPIRE: MORROW, SOUTH (GAS)
	107F
Unit Letter E: 1720 feet from the NORTH line and	1075 feet from the WEST line
Section 3 Township 18S Range 28E	NMPM County EDDY
10. Elevation (Show whether DR, RKB, RT, GR, et	
11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	
PULL OR ALTER CASING	ABANDONMENT
OTHER: OTHER:	
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.	
SEE ATTACHED WELLBORE SCHEMATIC FOR PROPOSED PLUGGING PROCEDURE.	
TOP OF WOLFCAMP @ 7404': SET CIBP @ 7600 & SPOT 75 SXS PLUG FROM 7600'-7300'. TOP OF BONESPRINGS @ 7068': CMT W/ 25 SXS @ 4068': CMT W/ 25 SXS TOP OF GLORIETA @ 3891': CMT W/ 25 SXS SET 100' PLUG FROM 3040' 2490' (TAG TOP OF PLUG) TOP OF YATES @ 861': CMT W/ 25 SXS SET 100' PLUG FROM 528'-428' (TAG TOP OF PLUG) PERF @ 60' & SQUEEZE W/ 25 SXS CMT	
I hereby certify that the information above is true and complete to the best of my knowledge and belie	f.
SIGNATURE AMY TITLE REGULATORY ANAL	YST DATE 6/5/03
Type or print name AMY T. SPANG	Telephone No. 281/366-7655
(This space for State use)	11 1) a TP 1111 4 4 0000
APPROVED BY	SATUN I I ZUUS
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