

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CISF
Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-05760

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT "E"

8. Well No.

41

9. Pool name or Wildcat

EMPIRE ABO

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

3. Address of Operator

P.O. Box 1089, Eunice, NM 88231

4. Well Location

Unit Letter D : 330 Feet From The N Line and 330 Feet From The W Line

Section 36 Township 17S Range 28E NMPM EDDY County

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

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 6402' PERFS: 6164-6178' CIBP: 6133.56'

MIRUPU. NDWH. NUBOP.

RIH w/pkr to PBD.

Load & press test back side of csg to 500#. *

If press holds, reset BP.

If press does not hold. Move pkr uphole, find leak, and repair.

* Notify OCO 24 hrs prior to testing.

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

SIGNATURE Kellie D. Murrish

TITLE Sr. Administrative Assistant

DATE 02.11.02

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505.394.1649

(This space for State Use)

Approval Granted - Work must be
completed by 3-21-02

APPROVED BY [Signature]

TITLE Compliance Officer

DATE 2-21-02

CONDITIONS OF APPROVAL, IF ANY: