| MELLAPI NO.   30-045-23642   31-04  | Office Energy Minerals and Notes   | Office.                |  |  |
|---|--|------------------------|--|--|
| DIL CONSERVATION DIVISION    1200 Normal Ave, Arresia, NM 88210   1220 South St. Francis Dr. Santa Fe, NM 87505   1220 South S  | <u>District 1</u> Location Energy, Minerals and Natural Resources Location Natural Resources   |                        | May 27, 2004<br>WELL API NO.   |  |
| 1220 South St. Francis Dr.   Santa Ere, NM 87410   Santa Fe, NM 87505   Sundry No.   Santa Fe, NM 87505   Sundry No.   Sundry N  | District II OIL CONCEDIVATION DIVISION   |                        | 30-045-23642   |  |
| SOURCE PROCESSESSESSESSESSESSESSESSESSESSESSESSESS  | 1501 W. Gland Ave., Artesia, IVII 60210  |                        |  |  |
| 1209 S. Francis Dr. Sales Pr. R. M.   | 1000 Rio Brazos Rd. Aztec. NM 87410  |                        |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFERS OR PLUG BACK TO A DIPPERRY RESPONDE. USE: "APPLICATION FOR PRINCE (TORM C-101) FOR SUCH PROPOSALS TO DRILL OR TO DEFERS OR PLUG BACK TO A Jaquez 1.S  3. Address of Operator 1. Type of Well: Oil Well \( \text{\$\ | <u>Bistrice 1.4</u>  | 7303                   | 6. State Oil & Gas Lease No.   |  |
| DO NOT USE THIS FORM FOR PROPOSALS TO DRILLO AR TO DEFERN OR PLUG BACK TO A DEFERN TO RESERVOR. USE "PROPOSALS" TO DRILL OR TO DEFERN TO RESERVOR. USE "PROPOSALS"  |  |                        |  |  |
| PROPOSALS   1. Type of Well: Oil Well   Gas Well   Other  | (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |                        |  |  |
| 1. Specified to Production Company - Attn: Mary Corley   9. OGRID Number   8P America Production Company - Attn: Mary Corley   10. Pool name or Wildcat   8D Ance Pictured Cliffs   10. Pool name or Wildcat   10. Pool name or Wildc  |  |                        |  |  |
| BP America Production Company - Attn: Mary Corley  10. Pool name of Wildcat  11. Pool name of Wildcat  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   TEMPORABLY ABANDON   CHANGE PLANS   COMMENCE ORILLING OPPS   PAND A    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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  14. Hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowered to the subject well was restored to production on September 29, 2005.  15. GRATTURE   Augusture   Data   Data    OTHER: STORE   Data   Data    OTHER: STORE   Data   Data    OTHER: STORE   Data   Data    OTHER: STORE   Data    OTHER:   | 1. Type of Well: Oil Well X Gas Well  Other  |                        | 8. Well Number 3   |  |
| 3. Address of Operator P.O. Box 3092 Houston, TX 77253  4. Well Location Unit Letter C : 1090   feet from the Section 30   Township 30N   Range 08W   NMPM   San Juan   County    11. Elevation (Show whether DR, RKB, RT, GR, etc.)  Pit up   Depth to Groundwater   Distance from nearest fresh water well   Distance from nearest surface water   Pit Liner Thickness:   mil   Below-Grade Tank: Volume   bibls; Construction Material    12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data    NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF: REMEDIAL WORK   PLUG AND ABANDON   CASING CHMINTO ON   CASING CHMINTO  |  |                        | 1  |  |
| ## Blanco Pictured Cliffs  4. Well Location  Unit Letter C: 1090   feet from the North   line and   1180   feet from the   West   line   Section   30   Township   30N   Range   88W   NMPM   San Juan   County   |  |                        |  |  |
| 4. Well Location Unit Letter C : 1090 feet from the North line and 1180 feet from the West line Section 30 Township 30N Range 08W NMPM San Juan County    II. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |                        |  |  |
| Unit Letter C : 1090 feet from the North line and 1180 feet from the West line Section 30 Township 30N Range 08W NMPM San Juan County    11   |  |                        | Dianco Fictured Ciris  |  |
| Section   30   Township   30N   Range   08W   NMPM   San Juan   County  |  | 1' 1 110               | 0 0 0 1 1 1 1  |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   5649' GR   |  |                        |  |  |
| Pit of Below-grade Tank Application   or Closure  |  |                        |  |  |
| Pit the low grade Tank Application   or Closure   Pit type  | F1375 111 T 164 T 164 T 17 T 164 T 17 T 164 T 16 |                        |  |  |
| Pit Liner Thickness:mil   | Pit or Below-grade Tank Application or Closure   | GK                     |  |  |
| Pit Liner Thickness:  |  | n 50                   |  |  |
| NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:     PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   P AND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   OTHER: Restored to Production   |  | <del></del>            |  |  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OFNS.   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB   CASING/CEM  | Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material  |                        |  |  |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  PULL OR ALTER CASING  MULTIPLE COMPL  COMMENCE DRILLING OPNS  PAND A  POLL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB  THER: Restored to Production  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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  The subject well was restored to production on September 29, 2005  I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan SIGNATURE  TITLE Sr. Regulatory Analyst DATE 10/11/2005  Tolephone No. 281-366-4491  Tolephone No. 281-366-4491  TITLE ST. ST. BEST. BEST. DATE OCT 2 4 20  | 12. Check Appropriate Box to Indicate N  | ature of Notice,       | Report or Other Data   |  |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  PULL OR ALTER CASING  MULTIPLE COMPL  COMMENCE DRILLING OPNS  PAND A  POLL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB  THER: Restored to Production  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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  The subject well was restored to production on September 29, 2005  I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan SIGNATURE  TITLE Sr. Regulatory Analyst DATE 10/11/2005  Tolephone No. 281-366-4491  Tolephone No. 281-366-4491  TITLE ST. ST. BEST. BEST. DATE OCT 2 4 20  | ** *   |                        | •  |  |
| TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P AND A    DTHER: Restored to Production  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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  The subject well was restored to production on September 29, 2005  I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines  , a general permit   or an (attached) alternative OCD-approved plan    SIGNATURE  |  |                        |  |  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB    OTHER: Restored to Production  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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  The subject well was restored to production on September 29, 2005  I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines   a general permit   or an (attached) alternative OCD-approved plan   SIGNATURE   | · · · · · · · · · · · · · · · · · · ·  |                        | <del>_</del>   |  |
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| 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  The subject well was restored to production on September 29, 2005  I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines [] a general permit [] or an (attached) alternative OCD-approved plan []. SIGNATURE  TITLE Sr. Regulatory Analyst Tope or print name  Mary Corfet  E-mail address; corleyml@bp.com  Telephone No. 281-366-4491  TITLE ON & GAS INSPECTOR 1837. B. DATE OCT 2 4 201  | PULL OR ALTER CASING   MULTIPLE COMPL  | CASING/CEMEN           | Γ JOB ⊔  |  |
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| SIGNATURE  TITLE  Sr. Regulatory Analyst  Telephone No. 281-366-4491  For State Use Only  APPROVED BY:  DATE  |  |                        | 0.8  |  |
| SIGNATURE TITLE Sr. Regulatory Analyst DATE 10/11/2005 Type or print name Mary Corles E-mail address: corleyml@bp.com Telephone No. 281-366-4491  APPROVED BY: DATE OCT 2 4 201   |  |                        |  |  |
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| SIGNATURE TITLE Sr. Regulatory Analyst DATE 10/11/2005 Type or print name Mary Corles E-mail address: corleyml@bp.com Telephone No. 281-366-4491  APPROVED BY: DATE OCT 2 4 201   | I have by contify that the information above is true and complete to the b   | act of my knowledg     | e and haliaf I further country that any mit or halow   |  |
| SIGNATURE TITLE Sr. Regulatory Analyst DATE 10/11/2005  Type or print name Mary Corles E-mail address: corleyml@bp.com Telephone No. 281-366-4491  For State Use Only APPROVED BY: DATE OCT 2 4 201   |  |                        |  |  |
| Type or print name Mary Corlet E-mail address: corleyml@bp.com Telephone No. 281-366-4491  For State Use Only APPROVED BY: DATE OCT 2 4. 201  | $m_{\alpha}$   |                        | , , , , , , , , , , , , , , , , , , ,  |  |
| APPROVED BY: H. V. Llaure TITLE UTY OIL & GAS INSPECTOR, DET. DATE OCT 24.201   |  |                        |  |  |
| APPROVED BY: F. V. January TIPLE VIV OIL & GAS INSPECTOR, DIST. DATE UC   24 201  | 71 1   | corleyml@bp.com        | Telephone No. <u>281-366-4491</u>  |  |
|   |  | Y Of a gas me          | THE DATE OF OA 201   |  |
|   | Conditions of Approval (if any):   | a and male             | DATE OUT & 4. ZUL  |  |