

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., 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

Form C-103
Revised May 08, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-045-10151
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Thurston LS
8. Well Number 1
9. GRID Number 000778
10. Pool name or Wildcat Blanco Mesaverde

Unit Letter **H** : **1750** feet from the **North** line and **990** feet from the **East** line
Section **31** Township **31N** Range **11W** NMPM County **San Juan**
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
5828'

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
Attn: Cherry Hlava P.O. Box 3092 Houston, Texas 77253

4. Well Location
Unit Letter **H** : **1750** feet from the **North** line and **990** feet from the **East** line
Section **31** Township **31N** Range **11W** NMPM County **San Juan**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: T&A Subsequent Report <input checked="" type="checkbox"/>

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.

9/6/06 17 PPM H2S on backside. PMP treatment; 160 bbls monitor well.
9/7/06 0 PPM H2S. Kill well & circulate gas out. ND Wellhead. NU BOP; Pres TST BOPs.
9/12/06 TIH & Set CIBP @3850'. CSG 500 PSI. No Leak off. 0 H2S.
9/13/06 TIH & Spot 200' plug cmt on top of CIBP @3850'
9/14/06 TIH tag CMT @3630'. Run MIT; pressure test to 500 PSI. (chart delivered to OCD 9/26/06)
TIH & land TBG @2976'. ND BOP. NU WH.
9/15/06 Rig Down move off location.

JA Expires 9/14/2011

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

SIGNATURE *Cherry Hlava* TITLE Regulatory Analyst DATE 09/26/2006

Type or print name Cherry Hlava Telephone No. 281-366-4081

(This space for State use)

APPROVED BY *H. Villanueva* TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 8 DATE OCT 02 2006
Conditions of approval, if any:

*J.D.
10/4*