Form C-103 Submit 3 Copies To Appropriate District State of New Mexico Office ' Energy, Minerals and Natural Resources Revised May 08, 2003 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30.015.01218 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE 😠 FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 B-752 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A EMPIRE ABO UNIT 'H' DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well No. 1. Type of Well: RECEIVED Oil Well X Gas Well Other 2. Name of Operator 9. OGRID Number MAY 0 7 700a BP America Production Company 000778 OPP-ARTEST 10. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Eunice NM 88231 EMPIRE ABO 4. Well Location Unit Letter 330 feet from the line and 2310 feet from the line Township Section 27E **NMPM** County EDDY 36 17S Range 11. Elevation (Show whether DR, RKB, RT. GR. etc.) 3644' KB 12. 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 ALTERING CASING [REMEDIAL WORK \mathbf{x} **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **TEMPORARILY ABANDON ABANDONMENT PULL OR ALTER CASING** MULTIPLE CASING TEST AND **CEMENT JOB** COMPLETION OTHER: OTHER: 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. 5970 PERFS: 5705-6116' MIRUPU. NDWH. NUBOP UNSET PKR & POH W/TBG RUWL & SET CIBP @ 5846'. DUMP 35' CMT ON TOP OF CIBP. RIH W/TBG. LOAD & CIRC CSG. TEST CSG TO 500# FOR 30 MINS. CUT CHART. POH W/TBG. LOAD CSG W/PKR FLUID TO SURF. RDCL. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Staff Support SIGNATURE. TITLE Type or print name Kellie D. Murrish Telephone No. 505.394.1649 (This space for State use) Accepted for record - NMOCD

TITLE.

DATE

APPROVED BY

Conditions of approval, if any: