Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		- 1440-4 1450 - 1 4	Revised 1-1-89
<u>DISTRICT I</u>		ATION DIVISIO	
P.O. Box 1980, Hobbs NM 88241-1980			WELL API NO. 30-015-01696
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe	, NM 87505	5. Indicate Type of Lease STATE X FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS	ON WELLS	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVANCE)	OPOSALS TO DRILL OR TO RVOIR. USE "APPLICATION	DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well:	101) FOR SUCH PROPOSAL	S.)	Empire Abo Unit "H"
OIL GAS WELL GAS	OTHER	(62723	2
2. Name of Operator BP America Production Company	, /	85 000 REC 1	8. Well No.
3. Address of Operator P.O. Box 1089 Eunice, NM 88		223	9. Pool name or Wildcat Empire Abo
4. Well Location		100	TICHNOT C ADO
Unit LetterP:990	Feet From The	S C Line and . O	60 Feet From The E Line
Section 33	Township 17S	791 41 91 91 91 91 91 91 91 91 91 91 91 91 91	eas.
Section 33	TOWNSHIP	Range 28L w whether DF, RKB, RT, GR, e	NMPM Eddy County
		3661' GR	
11. Check Ap	propriate Box to In	dicate Nature of Not	tice, Report, or Other Data
NOTICE OF INT	_	ł	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	
PULL OR ALTER CASING		CASING TEST AND C	
OTHER:		OTHER: MIT	<u>X</u>
 Describe Proposed or Completed Opwork) SEE RULE 1103. 	eration(Clearly state all pert	inent details, and give pertinen	at dates, including estimated date of starting any propo
TD: 6345' PBD: 5948'	(CIBP) PERFS: 5972-	6010'	
	y witnessed test. C		tential.
2			
		T.	emporary Abandonad Status approved
Ę			Inti 1-39-08
		-	7 317 00
The state of the s			
I hereby certify that the information above is	rue and complete to the best of m	y knowledge and belief.	· · · · · · · · · · · · · · · · · · ·
SIGNATURE / SIGNATURE /	Yunest_	ππ _{LE} <u>Sr. Administra</u>	tive Assistant DATE 02.04.03
TYPE OR PRINT NAME Kellie D. Murr	ish		TELEPHONE NO. 505.394.1649
(This space for State Use)	20	Sill &	40 P FFD 4 9 0000
APPROVED BY	1	_ тпле	FEB 18 2003

