

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 87240

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

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

Form C-103
Revised May 08, 2003

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.)		WELL API NO. 30.015.22488
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator BP America Production Company		6. State Oil & Gas Lease No. B-3823-1
3. Address of Operator P.O. Box 1089 Eunice NM 88231		7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT 'I'
4. Well Location Unit Letter B : 1300 feet from the N line and 1595 feet from the E line Section 05 Township 18S Range 28E NMPM County EDDY		8. Well No. 273
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3651.3' GR		9. OGRID Number 000778
		10. Pool name or Wildcat EMPIRE ABO

12. 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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

TD: 6357' PBD: 6230' PERFS: 6200-6210'

SET CIBP @ 6170' W/35' CMT ON TOP

CIRC HOLE W/PKR FLUID

TEST TO 500# FOR 30 MINS. CUT CHART

IDLE WELL

Notify OCD **24 hours**
prior to test. 748-1283

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

SIGNATURE Kellie D. Murrish TITLE Scheduler DATE 09.10.04

Type or print name **Kellie D. Murrish**

Telephone No. **505.394.1649**

(This space for State use)

APPROVED BY [Signature] TITLE Field Rep ID DATE SEP 14 2004

Conditions of approval, if any: