

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980 Hobbs NM 88240
DISTRICT II
P.O. Drawer 190, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30.015.30434

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
Little Box State

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
BP America Production Company

8. Well No.
3

3. Address of Operator
P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat
Little Box Canyon Morrow

4. Well Location
Unit Letter F : 1980 Feet From The N Line and 1980 Feet From The W Line

Section 36 Township 20S Range 21E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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 ☐
OTHER: Add Morrow Perforations ☒

SUBSEQUENT REPORT OF:

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

12. 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.

TD: 8254' PBD: 8120' PERFS: 7926-7950'

MIRUPU. Kill well w/KCL mix if necessary. Bleed off pressure
NDWH, NUBOP, Unset pkr & POH w/tbg.
RU wireline & perf 7896-7905', 4 spf, 120 degree phasing
Break down perfs w/ISO-SOL break down.
Frac new perforations
TIH w/2-3/8" OE tbg & SN to 7926'.
Return well to production.

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

SIGNATURE Kellie D. Murrish TITLE Sr. Administrative Assistant DATE 04.15.03

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505.394.1649

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE APR 20 2003

CONDITIONS OF APPROVAL, IF ANY: