Submit 3 Copies To Appropriate District	State of New Me	exico		Form C-103	
Office District I	Energy, Minerals and Natu	ral Resources		May 27, 2004	
1625 N French Dr , Hobbs, NM 87240		_	WELL API NO.		
District II 1301 W Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-015-02588 5. Indicate Type of Lease		
District III	1220 South St. Fra	19 19 19 19 19 19 19 19 19 19 19 19 19 1			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	7505	STATE X FEE		
1220 S St. Francis Dr , Santa Fe, NM 87505			6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreer	ment Name:	
(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.)			State of New Mexico "BL"	1	
1. Type of Well:			8. Well Number		
Oil Well Gas Well Other - Dry and Abandoned			1		
2. Name of Operator			9. OGRID Number		
BP America Production Company JUN 1 7008			00778		
, ·	3. Address of Operator P.O. Box 1089 Eunice NM 88231 OCD-ARTESIA		10. Pool name or Wildcat		
P.O. Box 1089 Eunice NM 88	231 UUUAN	(IEOIH	Empire Abo		
4. Well Location					
Unit Letter <u>B</u> : 3	feet from the	line and	2272.11 feet from the	E line	
Section 4		Range 28E	NMPM County	EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3669' DF					
Pit or Below-grade Tank Application or Closure					
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water					
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material					
, h					
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. 🗍 PLUG AN ABANDO		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		MAINIEINT	
OTHER:		OTHER: Final Aba	indonment	x	
13. Describe proposed or completed o	perations. (Clearly state all per	tinent details, and give	pertinent dates, including estim	ated date	
of starting any proposed work). S or recompletion.			-		
All real mation coult be to	on gamalakad and the live	ation is most-			
All reclamation work has been completed and the location is ready for final abandonment inspection.					
**					

I hereby certify that the information above is true and complete t	to the best of my knowledge and belief. I further certify that any pit or below-
	aidelines, a general permitor an (attached) alternative OCD-approved plan
SIGNATURE AND C. LI	TITLE Area Operations Team Lead DATE 06/09/08
	E-mail address: barry.price@bp.com
Type or print name Barry C. Price	Approved for plugging of well hore only. Telephone No. 575-394-1648
Accorded to	Liability under bond is retained pending receipt
For State Use Only Accepted for record	of C-103 (Subsequent Report of Well Plugging)
APPROVED BYNMOCD	TITLE which may be found at OCD Web Page under DATE
Conditions of Assessed if assess	Forms, www.cmnrd.state.nm.us/ocd.

Conditions of Approval, if any: