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 30.015.22863 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 X FEE 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 647 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 (DO NOT USE THIS FORM FOR PROPUSALS TO DIRILL ON TO DELL ENTERING OF SERVING DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SERVING Empire Abo Unit "F" PROPOSALS.) 8. Well No. 1. Type of Well: Qil Well X Gas Well Other 2. Name of Operator 9. OGRID Number BP America Production Company 000778 10. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Eunice NM Empire Abo 4. Well Location 1900 1450 Unit Letter feet from the feet from the line Section Township 178 **NMPM** County Eddy Range 28E 11. Elevation (Show whether DR, RKB, RT, GR. etc.) 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 REMEDIAL WORK ALTERING CASING PLUG AND TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. ABANDONMENT PULL OR ALTER CASING CASING TEST AND **MULTIPLE CEMENT JOB** COMPLETION OTHER: OTHER: MIT \mathbf{x} 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. 10.14.03: Load and test casing to 560# psi. Held 30 mins. Casing test witnessed by Mike Bratcher, NMOCD. Chart attached. BP America Production Company has evaluated this wellbore and has determined that these is production potential in the Abo formation. Permission to retain TA status is therefore requested in order to complete our current workover program and develop another workover program which will require interest owner approval to provide funding. Temporary Abandonad States approved I hereby certify that the information above is true and complete to the best of my knowledge and belief. Staff Support SIGNATURE. 10.24.03 Type or print name Kellie D. Telephone No. 505.394.1649 (This space for State use) APPROVED BY TITLE DATE Conditions of approval, if any:

