

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CIST
JP

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, 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.
30-015-01712

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
A-2071

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
Empire Abo Unit "H"

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

2. Name of Operator
BP America Production Company

8. Well No.
33

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

9. Pool name or Wildcat
Empire Abo

4. Well Location
Unit Letter M : 330 Feet From The W Line and 975.3 Feet From The S Line

Section 34 Township 17S Range 28E 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: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: TA & MIT ☒

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.

11/08/02: Load and press test to 580#. Held 30 mins. Test witnessed by Phil Hawkins, OCD. Chart attached.
Retain wellbore for future use and uphole potential.

Temporary Abandoned Status approved
DATE 11-8-07

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

SIGNATURE Vicki Owens TITLE Administrative Assistant DATE 11/12/02

TYPE OR PRINT NAME Vicki Owens TELEPHONE NO. 505-394-1650

(This space for State Use)

APPROVED BY [Signature] DATE DEC 12 2002

CONDITIONS OF APPROVAL, IF ANY:

