

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

dist of

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.

30-015-01714

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

BP America Production Company

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

4. Well Location

Unit Letter F : 1958.54 Feet From The W Line and 1952.97 Feet From The N Line

Section

34

Township

17S

Range

28E

NMPM

Eddy

County

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

3667' GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: 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.

TD: 6257' PBD: 6224' CIBP: 6042' PERFS: 6164-6174'

01.30.02: Load and test wellbore. Pressure up to 540#, held 20 mins. Chart attached.
Notified NMOCDD prior to commencing operations. Did not witness test.
Request permission to retain wellbore for future use and up hole potential.
Well TA'd

Temporary Abandoned Status approved
until 1-30-03

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

02.06.02

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505.394.1649

(This space for State Use)

APPROVED BY

[Signature]

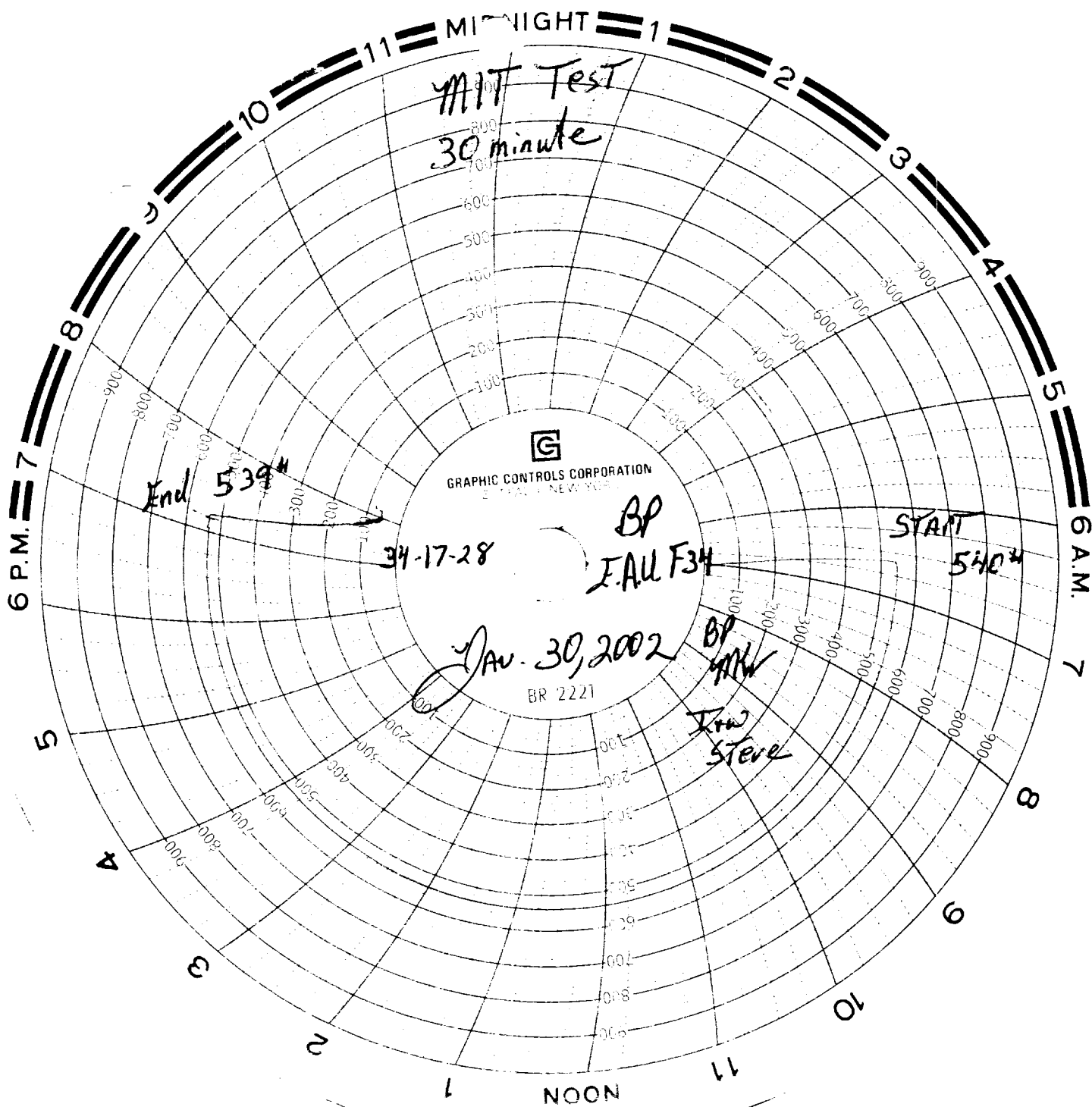
TITLE

Field Rep ID

DATE

FEB 8 2002

CONDITIONS OF APPROVAL, IF ANY:



MIT Test
30 minute

End 534H

34-17-28

BP
IAU F34

Jan. 30, 2002
BR 2221

START
540H

BP
MKW
Ira Steve

