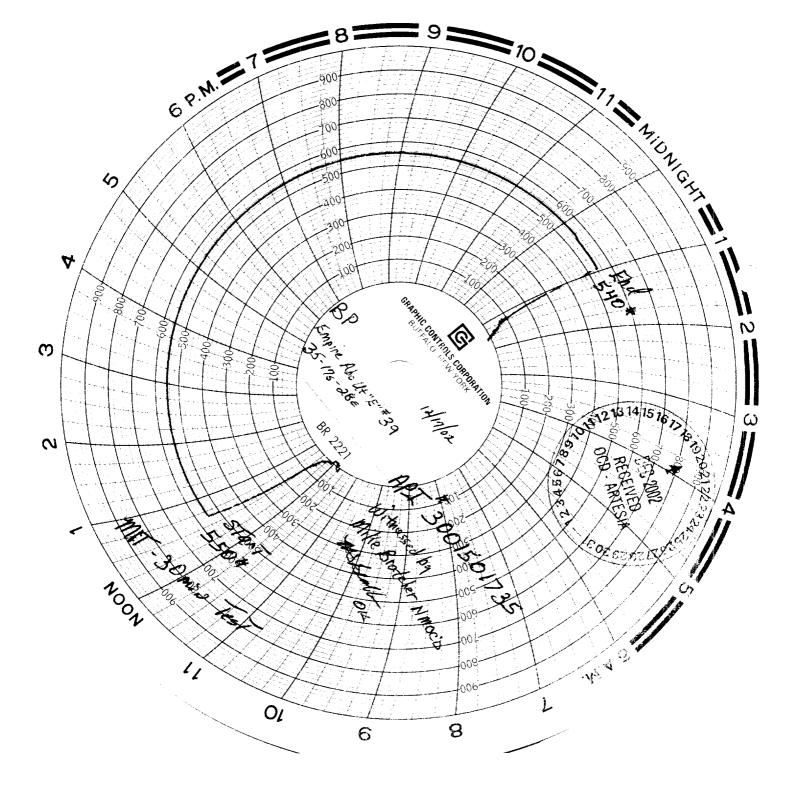
Submit 3 Copies

State of New Mexico

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· H	Form C-103 Revised 1-1-89
ν	Kevised 1-1-89

to Appropriate	Energy, Minerals and Natu	ral Resources Depart	ment Form C-103 Revised 1-1-89	
District Office DISTRICT I	OIL CONSERVATION	ON DIVISION		
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pachec	o St.	/ELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505, 18 18 20 3 5	30-015-01735 Indicate Type of Lease	-
DISTRICT III	//	Wig.	STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 6	State Oil & Gas Lease No. 647	
SUNDRY NO	TICES AND REPORTS ON TWE	ELLSPECE 2002		7
(DO NOT USE THIS FORM FOR PE DIFFERENT RESE	ROPOSALS TO DRILL OR TO DEEPEI RVOIR. USE "APPLICATION FOR PE	N OP PLUG BACK TO A	Lease Name or Unit Agreement Name	224
1. Type of Well:	-101) FOR SUCH PROPOSALS.) \0	-0/A P	MPIRE ABO UNIT "E"	
OIL GAS WELL WELL	OTHER	258 E S 1 - 18 CO		
2. Name of Operator		8.	Well No.	
BP America Production Company /			39	_
3. Address of Operator P.O. Box 1089 Eunice, NM 8	38231		Pool name or Wildcat MPIRE ABO	
4. Well Location Unit Letter X 8: 660	Feet From The NORTH	Line and 1980	Feet From The EAST Line	e
25	170			
Section 35	Township 17S Ray 10. Elevation (Show wheth		4PM EDDY County	<i>'</i>
	10. Elevation (Show wheth	3579' GR		2
11. Check A ₁	ppropriate Box to Indicate	e Nature of Notice	, Report, or Other Data	
NOTICE OF IN	TENTION TO:	SUBSI	EQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEME		
		•		X
OTHER:		OTHER: MIT		<u> </u>
 Describe Proposed or Completed O work) SEE RULE 1103. 	peration s Clearly state all pertinent de	tails, and give pertinent dat	es, including estimated date of starting any pr	oposed
TD: 6350' PBD: 6324' PER	RFS: 6210-6230' CIBP: 6150.4	1'		
	rell to 500# psi. Held 30 m NMOCD witnessed test.	ins.		
	ore for future use.			
Chart attache	d.			
			Temporary Abendoned Status approved	
			unti 12-2707	
	•			_
I hereby certify that the information above is	γ			
SIGNATURE /	fund m	E Sr. Administrative	e Assistant DATE 12.18.02	_
TYPE OR PRINT NAME Kellie D. Mur	rish		TELEPHONE NO. 505.394.1649	<u>}</u>
(This space for State Use)		. A A	- DEO 0 M 00-0	
\sim	\mathcal{H}	Lild De	DEC 27 2002	
APPROVED BYCONDITIONS OF APPROVAL, IF	тп	E SULLO PA	DATE	-
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