

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-22416

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Empire Abo Unit

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

B-P America Production Co.

3. Address of Operator

P.O. Box 1089 Eunice, New Mexico 88231

4. Well Location

Unit Letter L : 1575 feet from the South line and 660 feet from the West line

Section 34 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
KB 11'

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Procedure to P&A well. Possible holes @ 3127' & 3832'. CIBP @ 5960' capped with 50' of cement.

(1) ND W.H. NU BOP & Enviro-vat.

(2) RIH w/tbg, & tag CIBP & TOC @ 5910'.

(3) Circulate 5 1/2" csg. w/9.5# salt gel mud & test.

(4) PUH w/tbg. to 3450' & spot 35 sx. cmt. plug to 3350'. Tag.

(5) PUH to 800' & spot 35 sx. cmt. plug to 700'. WOC & Tag.

(6) PUH to 550' & spot 35 sx. cmt. plug to 450'.

(7) PUH to 60' & spot 10 sx. cmt. plug to surface.

(8) Cut off well head & anchors 3' BGL.

(9) Set dry hole marker & clean up location.

Notify OCD 24 hrs. prior to any work done

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 11-18-02

Type or print name Vicki Owens Telephone No. 505-394-1650

(This space for State use)

APPROVED BY [Signature] TITLE Wild Sep ID DATE DEC 9 2002

Conditions of approval, if any: