

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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.  
30-015-22843

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 "E"

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

2. Name of Operator  
BP America Production Company

8. Well No.  
395

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

9. Pool name or Wildcat  
EMPIRE ABO

4. Well Location  
Unit Letter B : 75 Feet From The N Line and 1820 Feet From The E Line

Section 35 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3676.2' 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: IA & 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: 6300' PERFS: 6112-6120' CIBP @ 6074'

11/11/02: Load and press test to 585#. Held 30 mins.  
NMOCD notified but did not witness test.  
Retain wellbore for future use and uphole potential.

Temporary Abandoned Status approved  
until 11-11-07

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] TITLE Field Rep DATE NOV 19 2002

CONDITIONS OF APPROVAL, IF ANY:

