

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-22865

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Empire Abo Unit "G"

8. Well No.
353

9. Pool name or Wildcat
Empire Abo

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 **J** : **1420** Feet From The **2050** Feet From The **E** 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:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER: ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **TA & MIT** ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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: Pkr or CIBP set @ 6187', Perforated interval 6218-6238'.
Load and tested wellbore. Pressured up to 585# and held for 30 mins. Held OK. Chart attached.
Test witnessed by Phil Hawkins, NMOCD.
Retain wellbore for future use and uphole potential.
Well TA'd

Temporary Abandoned Status approved
unit **11-08-07**

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 ID DATE NOV 19 2002

CONDITIONS OF APPROVAL, IF ANY:

NOON

1

11

2

3

4

5

6 P.M. 7

8

9

10

11

MIDNIGHT

1

2

3

4

5

6 A.M. 7

8

9

10

11

BR

E-ABO

Unit G

WE 11 # 353

F-34-17-28

30-015-22865

11/8/02

AS

2nd
585#

START

580#

BR 2221

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK



