

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

CISF
Form C-103
Revised 1-1-89

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.)		WELL API NO. 30-015-22912
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator BP America Production Company		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1089, Eunice, NM 88231		7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "H"
4. Well Location Unit Letter N : 2500 Feet From The W Line and 1200 Feet From The S Line Section 34 Township 17S Range 28E NMPM EDDY County		8. Well No. 341
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3660.9' GR		9. Pool name or Wildcat EMPIRE ABO

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: **TA & 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: 6350' PERFS: 6205-6225' CIBP @ 6139.8'

11/08/02: Load and press test to 570#. Held 30 mins. Test witnessed by Phil Hawkins, OCD.
Keep wellbore for future use and uphole potential.

Temporary Abandoned Status approved
date **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:



