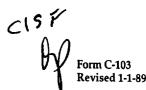
Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department



DATE.

District Office ONICEDIATION DIVI	revised 1-1-09
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St.	WELL API NO. 30-015-30196
DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE X 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 BA DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name Washington 33 State
1. Type of Well: OIL GAS WELL OTHER DHC	
2. Name of Operator BP America Production Company	8. Well No. 22
3. Address of Operator P.O. Box 1089 Eunice, NM 88231	9. Pool name or Wildcat Artesia Glorietta Yeso/San Andres
4. Well Location Unit Letter L: 1720 Feet From The S Line and	330 Feet From The W Line
Section 33 Township 17S Range 28E	COUNTY
10. Elevation (Show whether DF, RKB, RT 3674'	1, GR, etc.)
Check Appropriate Box to Indicate Nature o	-
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK UPPLUG AND ABANDON REMEDIAL WO	ORK X ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMMENCE D	DRILLING OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST	FAND CEMENT JOB
OTHER: OTHER: Dri	ll out CIBP
12. Describe Proposed or Completed Operation Clearly state all pertinent details, and give p work) SEE RULE 1103.	pertinent dates, including estimated date of starting any propos
TD: 4000' PBD: 3946' PERFS: 3632-3758' (Yeso), 1432-2090'	, 2400-2816' (San Andres)
01.09.02: MIRUPU. Bleed well down. NDWH. NUBOP. 01.10/29.02: RIH w/fishing assy to fish rods, tubing, and CIBI 01.30.02: Tag plug at 2904. Could not fish plug. 02.01.02: Fished and retrieve plug. 02.05.02: Clean out to TD. 02.07.02: RIH w/2·78" tbg & production assy. Tubing set @ 353	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE / WILLE M. TITLE Sr. Admin	istrative Assistant DATE04.03.02
TYPEOR PRINT NAME Kellie D. Murrish	TELEPHONE NO. 505-394-1649
ORIGINAL SIGNED BY TIM W. GUM APPROVED BY TILLE	APR 0 5 2002

TITLE