|                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                           | 'ZX'U                        |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|------------------------------|------------------------|
| Submit 3 Copies To Appropriate District                                                                                                                                                                                                                                                                                                                                 | State of New Me                                  | exico                     | `{\/                         | Form C-103             |
| Office <u>District I</u>                                                                                                                                                                                                                                                                                                                                                | Energy, Minerals and Natu                        | ıral Resources            | JV                           | Revised March 25, 1999 |
| 1625 N. French Dr., Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                     |                                                  |                           | WELL API NO.<br>30-015-02601 |                        |
| <u>District II</u><br>1301 W. Grand Ave., Artesia, NM 88210                                                                                                                                                                                                                                                                                                             | OIL CONSERVATION DIVISION                        |                           | 5. Indicate Type of Lease    |                        |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                                                                                                                                                                                             | 1220 South St. Francis Dr.                       |                           | STATE S FEE                  |                        |
| District IV                                                                                                                                                                                                                                                                                                                                                             | Santa Fe, NM 87505                               |                           | 6. State Oil & Gas Lease No. |                        |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                                                                                                                                                                                                                                                                                                                          |                                                  |                           |                              |                        |
| SUNDRY NOTICES AND REPORTS ON WELLS 7. 1                                                                                                                                                                                                                                                                                                                                |                                                  |                           |                              | Unit Agreement Name:   |
| (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                                                                                                                                                                                                                     |                                                  |                           | Empire Abo Unit              |                        |
| PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                             | •                                                | (S)                       |                              |                        |
| 1. Type of Well: Oil Well ☑ Gas Well ☐ C                                                                                                                                                                                                                                                                                                                                | Other                                            | 1 Sans                    |                              |                        |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                     | Jaia                                             | CENTESIA S                | 8. Well No. J-2              | 8                      |
| B-P America Production Co.                                                                                                                                                                                                                                                                                                                                              |                                                  | OFCE RIES!                |                              |                        |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                                  | 5                                                | 100. L                    | 9. Pool name or              | Wildcat Abo            |
| P.O. Box 1089 Eunice, N.M. 88. 4. Well Location                                                                                                                                                                                                                                                                                                                         | 231                                              |                           |                              |                        |
| P.O. Box 1089 Eunice, N.M. 88231  4. Well Location  Unit Letter H: 1650 feet from the North line and 990 feet from the East line                                                                                                                                                                                                                                        |                                                  |                           |                              |                        |
| Unit Letter H: 1650 feet from the North line and 990 feet from the East line                                                                                                                                                                                                                                                                                            |                                                  |                           |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                         | m .1.5. 100 Dec.                                 | 205                       | ND COME THE                  | Country                |
| Section 5                                                                                                                                                                                                                                                                                                                                                               | Township 18S Rang 10. Elevation (Show whether D. |                           | NMPM Eddy                    | County                 |
|                                                                                                                                                                                                                                                                                                                                                                         | KB = 12                                          | n, nnd, ni, on, esc       | /                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                           |                              |                        |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                                                                                                                                                                                                            |                                                  |                           |                              |                        |
| NOTICE OF INT                                                                                                                                                                                                                                                                                                                                                           |                                                  | 1                         | SEQUENT RE                   |                        |
| PERFORM REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                   | PLUG AND ABANDON 🛛                               | REMEDIAL WORK             | к 🗆                          | ALTERING CASING        |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                     | CHANGE PLANS                                     | COMMENCE DRI              | LLING OPNS.                  | PLUG AND  ABANDONMENT  |
|                                                                                                                                                                                                                                                                                                                                                                         | MULTIPLE  COMPLETION                             | CASING TEST AN CEMENT JOB | ND 🗆                         |                        |
| OTHER:                                                                                                                                                                                                                                                                                                                                                                  |                                                  | 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                                                                                                                                                                                                                                                 |                                                  |                           |                              |                        |
| recompilation.                                                                                                                                                                                                                                                                                                                                                          |                                                  |                           |                              |                        |
| T.D. 6351', PBTD 6335', 5 ¼ - 15.5# TAC @ 6222'.<br>PROCEDURE TO P&A WELL:                                                                                                                                                                                                                                                                                              |                                                  |                           |                              |                        |
| (1) MIRU PU. Check tbg. & csg. press. Blow well down to pit. Kill well w/Brine Water if necessary.                                                                                                                                                                                                                                                                      |                                                  |                           |                              |                        |
| (2) ND well head & NU BOP & Enviro-vat.                                                                                                                                                                                                                                                                                                                                 |                                                  |                           |                              |                        |
| (3) Release TAC & POH w/200 jts. of 2 3/8 tbg., TAC & SN, PN & Mud Joint,                                                                                                                                                                                                                                                                                               |                                                  |                           |                              |                        |
| (4) RIH w/5 ½ CIBP on wireline & set @ 6132'. POH w/WL.  Notify OCD 24 hrs. prior to any work done  (5) RIH w/ OET & Tag CIBP. Circulate hole w/9.5# salt gel mud.                                                                                                                                                                                                      |                                                  |                           |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                           |                              |                        |
| (6) Cap CIBP w/25 sxs. cmt.  (7) PUH w/tbg. & spot 25 sx. cmt. plug from 3697' to 3597'. Glorieta plug.  (8) PUH w/tbg. & spot 25 sx. cmt. plug from 894' to 794'. WOC & Tag. Shoe plug.  (9) PUH w/tbg. & spot 25 sx. cmt. plug from 894' to 794'. WOC & Tag. Shoe plug.  (9) PUH w/tbg. & spot 25 sx. cmt. plug from 443' to 343'. Vates                              |                                                  |                           |                              |                        |
| (8) PUH w/tbg. & spot 25 cm. cmt. plug from 894' to 794'. WOC & Tag. Shoe plug. (9) PUH w/tbg. & spot 25 cm. cmt. plug from 443' to 343'. Yates. (10) POH w/ tbg. RU wireline to perf. (11) Perf 5 ½ csg. @ 60'. POH w/WL. (12) Circulate 5 ½ & 8 5/8 csg. w/15 sxs. cmt. to surface. (13) Cut off well head & spekers 3' PGI. Clean un location & set dry hole market. |                                                  |                           |                              |                        |
| (9) PUH w/tbg. & spot <del>25 s</del> x. (10) POH w/ tbg. RU wireline t                                                                                                                                                                                                                                                                                                 |                                                  | ».<br>—                   | D. Lora a                    | ust ent continued      |
| (11) Perf 5 ½ csg. @ 60'. POH                                                                                                                                                                                                                                                                                                                                           |                                                  |                           | 12 (3). 6 4                  | 3: 321 /00 EM (11.02)  |
| (12) Circulate 5 ½ & 8 5/8 csg.                                                                                                                                                                                                                                                                                                                                         |                                                  |                           | = 6/cs; -34                  | 3 - 443                |
| (13) Cut off well head & anchors 3' BGL. Clean up location & set dry hole marker.  I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                                                                                                                                                             |                                                  |                           |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                           |                              |                        |
| SIGNATURE July W. Wyursh TITLE Sv. Udmin. Clast. DATE 12.18.02                                                                                                                                                                                                                                                                                                          |                                                  |                           |                              |                        |
| Type or print name Kellie D. Mittisk Telephone No. 505, 394.1600                                                                                                                                                                                                                                                                                                        |                                                  |                           |                              |                        |
| (This space for State use) APPPROVED BY                                                                                                                                                                                                                                                                                                                                 | TITLE                                            | us sep                    | DAT                          | DEC 3 1 2002           |
| Conditions of approval if any                                                                                                                                                                                                                                                                                                                                           | [                                                |                           |                              |                        |