

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.

30-015-02617

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.)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

BP America Production Company

8. Well No.

24

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat

Empire Abo

4. Well Location

Unit Letter I : 2310 Feet From The S Line and 990 Feet From The E Line

Section 06 Township 18S 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 ☐

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.

11/07/02: Pkr or CIBP set @ 6220', Perforated interval 6240-6304'  
Load and tested wellbore. Pressure up to 520#, held 30 mins. Chart attached.  
Phil Hawkins of NMOCD witnessed test.  
Retain wellbore for future use and uphole potential.  
Well TA'd

Temporary Abandoned Status approved  
until 11-9-07

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

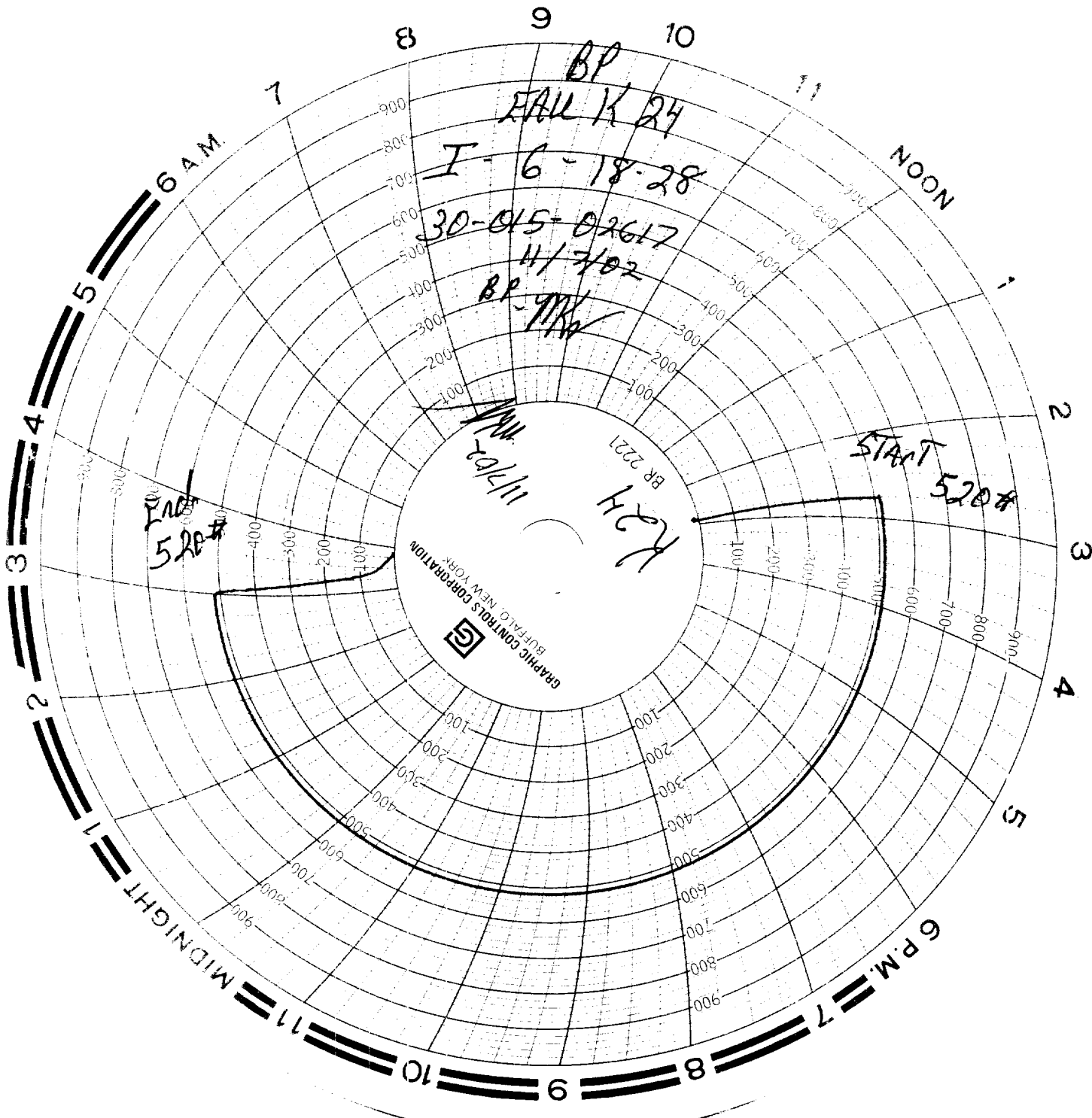
SIGNATURE Vicki Owens TITLE Administrative Assistant DATE 11/12/02

TYPE OR PRINT NAME Vicki Owens TELEPHONE NO. 505-394-1650

(This space for State Use)

APPROVED BY [Signature] TITLE Wild Sep IV DATE NOV 19 2002

CONDITIONS OF APPROVAL, IF ANY:



BP

EAU K 24

I-6-18-28

30-015-02617

11/7/02

BP-97K

START 520#

End 520#

BR 2221

K24

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK