Submit 3 Copies to Appropriate District Office

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

CIST	
· An	Form C-103 Revised 1-1-89

__ DATE _

District Office	Zitergy, William untur 1	attarar resources Dept		Kevised	1-1-89
DISTRICT I	OIL CONSERVAT	TION DIVISION			
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St.		WELL API NO.		
DISTRICT II	Santa Fe, NM 87505		30-015-21544 5. Indicate Type of Lease		
P.O. Drawer DD, Artesia, NM 88210			or marcute Type of	STATE X	FEE 🗆
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas I	ease No.	
SUNDRY NOT	ICES AND REPORTS ON	WELLS			
(DO NOT USE THIS FORM FOR PR	OPOSALS TO DRILL OR TO DEI		7. Lease Name or U	Init Agreement Na	me
	101) FOR SUCH PROPOSALS.)	TENMIT	EMPIRE ABO UNI	-	
1. Type of Well: OIL WELL X GAS WELL WELL	OTHER				
2. Name of Operator			8. Well No.		
BP America Production Compan	y		L-151		
3. Address of Operator P.O. Box 1089 Eunice, NM 8			9. Pool name or Wil	ldcat	
4. Well Location				_	
Unit Letter0:1110	Feet From The S	Line and132	Feet From 7	The E	Line
Saction 2	Township 18S	Range 27E	NIL 4TOL 4	EDDY	
Section 2	401140100	Range 2/E hether DF, RKB, RT, GR, etc	NMPM .)	7777777777	County
		3554.4' GR			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	TENTION TO: PLUG AND ABANDON CHANGE PLANS	SUB REMEDIAL WORK COMMENCE DRILLING		EPORT OF: LTERING CASING LUG AND ABANDO	[
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER: Workover		OTHER:			
12. Describe Proposed or Completed Opwork) SEE RULE 1103. TD: 6285' CIPB: 6222' MIRUPU. NDWH. NUBOP Drop SV and set in SN @ Chemically cut tbg above GIH w/overshot to top of Swab well down to SN. K RIH w/bit & scraper to P Perf w/2 JSPF 5866-6054' PPI perfs w/50 gals/ft. RIH w/production assy. Swab well for test. Ret	PERFS: 6100-6120' 6073'. POH pkr. fish. ill well if necessary. BTD 15% HCL NEFE. NDBOP. NUWH. urn well to production.	Catch fish.	14 50 50 101 10 8 10 CM	17 18 19 20 2 MY 2002 RECEIVED DCD - ARTESIA E 21 _ 18 08 61	72732425262)
SIGNATURE ALLE ALLE	/ funest	TITLE Sr. Administrat	ive Assistant	DATE05.	16.02
TYPE OR PRINT NAME Kellie D. Mur	rish		TEI	LEPHONE NO. 505.	394.1649
(This space for State Uses)	Driginal Signed by Til District H Supervisor	M W. GUM		MAY I	t 0 2002

TITLE _