

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980
DISTRICT II
P.O. Drawer 100, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30.015.22491

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

7. Lease Name or Unit Agreement Name
Empire Abo Unit "K"

3. Address of Operator
P.O. Box 1089 Eunice, NM 88231

8. Well No.
231

9. Pool name or Wildcat
Empire Abo

4. Well Location
Unit Letter J : 1700 Feet From The S Line and 2350 Feet From The E Line
Section 6 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: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Ran MIT/Temporarily Abandoned ☒

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 6350' PBD: 6268' Packer: 6086', Perfs: 6210-6230'

03.29.02: MIRUPU. NDWH. NUBOP.

Notify NMOCD to witness MIT.

Load and test casing to 545# for 30 mins. Held OK. Chart Attached.

Wellbore Temporarily Abandoned.

Temporary Abandoned Status approved
until 3-29-03

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

SIGNATURE Kellie D. Murrish TITLE Sr. Administrative Assistant DATE 04.02.02

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505.394.1649

(This space for State Use)

APPROVED BY [Signature] TITLE Wild DATE APR 4 2002

CONDITIONS OF APPROVAL, IF ANY:



