

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CISF
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.
30-015-22750

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

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

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

8. Well No.
251

9. Pool name or Wildcat
Empire Abo

4. Well Location
Unit Letter D : 660 Feet From The N Line and 150 Feet From The W Line

Section 5 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DE, RKB, RT, GR, etc.)
3673.8' GR

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: Rls. Pkr ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

TD: 6250' PBD: 6186' PERFS: 5664-6152' PKR: 5627'

MIRUPU. NDWH. NUBOP. RIH w/SV & set in SN @ 5628'. POH.
GIH & perf 2-3/8" tbg in 2nd jt. above pkr.
Swab well down to 5200'. Kill well w/1 bbl 2% KCL wtr.
Rls PKR. POH
RIH w/prod Assy. Land SN @ 6140'.
NDBOP. NUWH.
RTP.

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 07.09.02

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

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

JUL 11 2002

APPROVED BY: [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: