

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 88240-1980

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.

30.015.30224

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

Little Box State

8. Well No.

2

9. Pool name or Wildcat

Little Box Canyon Morrow

4. Well Location

Unit Letter N : 660 Feet From The S Line and 2310 Feet From The W Line

Section 36 Township 20S Range 21E 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: Add Perfs ☐

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: 8254' PBD: 8120' PERFS: 7927-7974'

MIRUPU. Kill well w/KCL mix if necessary

RU slickline & set plug in Model R pkr @ 7808'

NDWH & NUBOP. Test BOP.

POH w/perforated tbg. RIH w/ on/off tool, pkr, & new tbg. Latch on to pkr. Unset

& POH w/tbg. Check tailpipe for sale. Re-perf Upper Morrow or perform acid treatment.

RU & perf lower Morrow 8018-8028', 4 SPF, 120 degree phasing, w/4" csg guns.

TIH w/pkr, set between zones. Breakdown lower perfs w/KCL mix & swab test.

POH & LD pkr. TIH w/open ended tbg & SN to top of lower perfs.

NDBOP. NUWH. Swab well in.

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 01.15.03

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

JAN 23 2003

APPROVED BY

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: