

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-32118

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
LITTLE BOX STATE

8. Well No.
6

9. Pool name or Wildcat
LITTLE BOX CANYON (MORROW)

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4427' GR

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
501 WESTLAKE PARK BLVD, RM 5.172; HOUSTON, TEXAS 77079

4. Well Location
Unit Letter O : 1000' feet from the SOUTH line and 1880 feet from the EAST line
Section 36 Township 20S Range 21E NMPM County EDDY

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 ☐ MULTIPLE COMPLETION ☐

OTHER: AMEND SPACING UNIT LOCATION ☒

SUBSEQUENT REPORT OF:

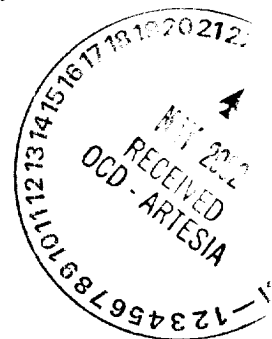
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

PLEASE AMEND THE LOCATION OF THE SPACING UNIT AS SHOWN IN THE ATTACHED PLAT.

PREVIOUS SPACING UNIT: EAST HALF
NEW SPACING UNIT: SOUTH HALF



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

SIGNATURE Amy T. Spang TITLE REGULATORY ANALYST DATE 4/2/02

Type or print name AMY T. SPANG

Telephone No. (281) 366-7655

(This space for State use)

APPROVED BY [Signature] TITLE District Supervisor DATE MAY 29 2002

Conditions of approval, if any: