101112137		1/56
Submit 3 Copies To Appropriate District Office Submit 3 Copies To Appropriate District Office Energy Minerals and Na		Form C-103
District		Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobby &M 87240 District II 811 South First, Artesia, N. 872 PC CONSERVATION DIVISION District III 2040 South Pacheco		30-015-05840
811 South First, Artesia, NE 872 HC C C STL CONSERVATION DIVISION District III 2040 South Pacheco		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		STATE 🗷 FEE 🗌
2040 South Pacheco, Santa Fe SM 87505		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name:
(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		3
PROPOSALS.)		STATE AA-2
1. Type of Well: Oil Well 🔀 Gas Well 🗌 Other		
2. Name of Operator		8. Well No.
BP AMERICA PRODUCTION COMPANY		1
3. Address of Operator		9. Pool name or Wildcat
501 WESTLAKE PARK BLVD, RM 5.172		SWD; DELAWARE
4. Well Location		
Unit Letter A: 660 feet from the N	ORTH line and	660 feet from the EAST line
Section 2 Township 23S	Range 31E	NMPM County EDDY
10. Elevation (Show whether		
	to Noture of Notice	Powert on Other Detail
11. Check Appropriate Box to Indica NOTICE OF INTENTION TO:		-
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	SEQUENT REPORT OF:
		ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLI	NG OPNS.
PULL OR ALTER CASING	LI CASING TEST AND CEMENT JOB	
OTHER:	OTHER:	Σ
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.		menosic diagram of proposed completion
NEED TO CHANCE ODERDATION FROM ALKOO DEPONTANT TO DO AN	APDICA DECONOCIONA CON	ADAM FERRORER TAXABLE 1 0000
NEED TO CHANGE OPERATOR FROM ARCO PERMIAN TO BP AMERICA PRODUCTION COMPANY, EFFECTIVE JANUARY 1, 2002.		
(C-104A Form attached.)		
,		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
A		
SIGNATURE JAMY 1. Spang TIT	TLE REG./COMPLIANCE	DATE <u>8/12/02</u>
Type or print name AMY T. SPANG		Telephone No. 281-366-7655
(This space for State use)		
APPROVED BYTI	TLE	DATE_
Conditions of approval, if any:		