

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-045-06935
2. Name of Operator BP America Production Company		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 501 Westlake Park Blvd. Houston, TX 77079		6. State Oil & Gas Lease No. <b>Federal CA 92000844</b>
4. Well Location Unit Letter <u>D</u> : <u>850</u> feet from the <u>North</u> line and <u>920</u> feet from the <u>West</u> line Section <u>05</u> Township <u>27N</u> Range <u>12W</u> NMPM County <u>San Juan</u>		7. Lease Name or Unit Agreement Name Gallegos Canyon Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5603'		8. Well Number 194
9. OGRID Number 000778		10. Pool name or Wildcat Basin Dakota, Basin Mancos

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <b>First Delivery</b> <input checked="" type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Subject well **First Delivered 07/31/2014**

Production estimated at **100 MCFD, 1BOPD, 1BWPD**  
 Basin Dakota as C01 07/31/2014  
 Basin Mancos as C02 07/31/2014  
 DHC 3833 AZ

**OIL CONS. DIV DIST. 3**  
**AUG 11 2014**

Gas metered through Enterprise Meter No. 75263  
 Condensate Tank No. PG985547, PG075263

BLM notified for CA Agreement 92000844

Spud Date:  Rig Release Date:

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

SIGNATURE Toya Colvin TITLE Regulatory Analyst DATE 08/06/2014

Type or print name Toya Colvin E-mail address: Toya.Colvin@bp.com PHONE: 281-366-7148

**For State Use Only**

**ACCEPTED FOR RECORD**

APPROVED BY: AV TITLE \_\_\_\_\_ DATE AUG 22 2014  
 Conditions of Approval (if any): \_\_\_\_\_