

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico,  
Energy, Minerals and Natural Resources

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

Form C-103  
May 27, 2004

<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.)		WELL NO. 30-045-33021
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator BP AMERICA PRODUCTION COMPANY		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 3092 HOUSTON, TX 77079-2064		7. Lease Name or Unit Agreement Name Zachary LS
4. Well Location Unit Letter <u>K</u> : <u>1750</u> feet from the <u>SOUTH</u> line and <u>2200</u> feet from the <u>WEST</u> line Section <u>25</u> Township <u>31N</u> Range <u>11W</u> NMPM <u>SAN JUAN</u> County		8. Well Number 1 E
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5847'		9. OGRID Number 000778
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat BLANCO MESAVERDE
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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"/> 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: Subsequent Report <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

09/14/06 TIH & SETCOMPOSITE PLUG @ 5300'. PRESSURE TEST CASING TO 500 PSI TEST OK.

09/21/06 TIH AND PERFORATED THE POINT LOOKOUT FROM 4,817 ' TO 4,890 ' WITH 4 - JSPF.

09/25/06 FRAC. THE POINT LOOKOUT DOWN CASING @ 60 BBLs. / MIN. USING 140.019 LBS. OF 16/30 BRADY SAND IN 60 % QUALITY FOAM AND N2. RIG UP WIRELINE AND SET A COMPOSITE BRIDGE PLUG @ 4,750 '. PERFORATED THE MENEFEE FROM 4,534 ' TO 4,668 ' WITH 4 JSPF.

09/26/06 FRAC. THE MENEFEE DOWN CASING @ 60 BBLs. / MIN. USING 131.000 LBS. OF 16/30 BRADY SAND AND 60 % QUALITY FOAM AND N2. AND SCHLUMBERGER CLEAR FRAC.

09/28/06 PRESSURE TEST BOP 1500# HIGH 250# LOW CHARTED O.K.

10/03/06 RD MOL

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to MOCOD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Kristina Hurts TITLE Regulatory Analyst DATE 10/20/06

Type or print name Kristina Hurts E-mail address: hurtk0@bp.com Telephone No. 281-366-3866

For State Use Only

APPROVED BY: A. Villanueva TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 4 DATE NOV 01 2006  
Conditions of Approval (if any):

B 11/1/06