| Submit 3 Copies To Appropriate District Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State of New Mexico                           |                   | Form C-103                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|------------------------------------------------------|
| District I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Energy, Minerals and Natural Resources        |                   | June 19, 2008                                        |
| 1625 N. French Dr., Hobbs, NM 88240 District II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | 1 3               | WELL API NO.<br>60-045-07649                         |
| 1301 W. Grand Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               | IVISION           | i. Indicate Type of Lease                            |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | s Dr.             | STATE STEE                                           |
| District IV Santa Fe, NIVI 8/303                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | 05                | 5. State Oil & Gas Lease No.                         |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                   |                                                      |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                   | V. Lease Name or Unit Agreement Name State Gas Com V |
| PROPOSALS)  1. Type of Well: Oil Well   Gas Well   Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                   | B. Well Number 1                                     |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                   | O. OGRID Number                                      |
| BP America Production Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                   | 000778                                               |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                   | 0. Pool name or Wildcat                              |
| P.O. Box 3092 Houston, Tx 77253-3092                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               | I                 | Blanco Pictured Cliffs                               |
| 4. Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                   |                                                      |
| Unit Letter <u>L</u> :_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1650 feet from the South                      | line and          | feet from the West line                              |
| Section 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Township 29N I                                | Range 09W         | NMPM San Juan County                                 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                   |                                                      |
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| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                   |                                                      |
| 12. Check A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ppropriate box to indicate Natt               | are of Notice, Re | eport of Other Data                                  |
| ∜ NOTICE OF INT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: |                   |                                                      |
| PERFORM REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                   |                                                      |
| TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRILLING OPNS. 🗌 P AND A 🔲                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                   |                                                      |
| PULL OR ALTER CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |                   |                                                      |
| DOWNHOLE COMMINGLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                   |                                                      |
| OTHER: Plugging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | OTHER:            |                                                      |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                   |                                                      |
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| After review BP finds no further uphole potential in this well. BP America respectfully requests permission to P&A the entire well bore of said well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                   |                                                      |
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| Should you have any questions please contact Amy Adkison @281-366-449                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                   | OIL CONS. DIV.                                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                   |                                                      |
| Spud Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rig Release Date:                             | 1                 |                                                      |
| Spad Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rig Release Date.                             |                   |                                                      |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                   |                                                      |
| Thereby certify that the information a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | oove is true and complete to the best         | or my knowledge a | nd belief.                                           |
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| SIGNATURE Cherry Hlava TITLE Regulatory Analyst DATE 06/02/09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                   |                                                      |
| The required principal Date of the original Date of the original o |                                               |                   |                                                      |
| Type or print name Cherry Hlava                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E-mail address:                               | hlavacl@bp.com    | PHONE: <b>281-366-4081</b>                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                   |                                                      |
| APPROVED BY: CLA G. POLE TITLE District #3 DATE UN 1 0 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |                   |                                                      |
| APPROVED BY: Levy G. Conditions of Approval (if any):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TITLE                                         | DISTRICT #3       | DALEans I A mai                                      |

## SJ Basin Well Work Procedure

API#: 30-045-07649

Well Name: State Gas Com V1-PC

May 29, 2009

Repair Type: P&A

Location:

T29N-R9W-Sec36

County: State:

Date:

San Juan **New Mexico Amy Adkison** 

Engr: Ph:

281-366-4495

Objective: P&A wellbore.

1. Ensure wellbore is clean of obstructions.

2. Pump cement plugs and remove wellhead.

Well History: Well was completed in the Pictured Cliffs formation in 1959. Perforations are at 2081'-2115' and 1-1/4" tubing was run to 2064'. Cumulative production was: 1,253.62 mmcf gas, 191 bbls water, and 0 bbls condensate.

## **Procedure:**

1. Notify NMOCD 24 hours prior to beginning operations P&A process to ensure scheduling of personnel to witness CBL results and cement placement.

NMOCD: Charlie Perrin at (505) 334-6178 (ext. 11)

- 2. Perform pre-rig site inspection. Check for: size of location, gas taps, other wells, other operators, running equipment, wetlands, wash (dikes req.), H2S, barriers needed for equipment, landowner issues, location of pits (buried lines in pits), raptor nesting, critical location, check anchors. Check ID wellhead. Planning and scheduling to ready location for rig.
- 3. Check and record tubing, casing and bradenhead pressures. Ensure production casing has double casing valves installed. Double valve all casing strings.
- 4. MIRU service rig. LOTO all necessary equipment including but not limited to: meter run, automation, separator, and water line.
- 5. Blow down well and kill w/ 2% KCl. NOTE: Tubing string in hole is 1 1/4" tubing - may not be able to set dual tubing barriers. Install 2 way check valve in tubing hanger. This is a P&A so the well should be kept dead through-out the procedure.
- 6. Check all casing strings to ensure no pressure exist on any annulus.
- 7. Nipple down tree. NU BOPs and diversion spool with 3" outlets and 3" pipe to the blow tank. Pressure test BOPs.

- 8. Pull tubing hanger and shut pipe rams.
- 9. TOOH w/ 1 1/4" 2.3# production tubing currently set at 2064'.
- 10. PU 2 3/8" workstring and scraper and CIBP.
- 11. RIH w/ CIBP and set 50' above perforations +/- 2015'. Load well with fluid from bottom up and pressure test casing to 500 psig.
- 12. RU WL and run gauge ring for 4 ½" casing.
- 13. Run CBL to determine cement top behind 4-1/2" casing. Report CBL results to regulatory agencies and engineer. Based on cement top it will be determined what if any perforations and cement placement behind casing will be required to properly P&A well. Top of cement behind casing is assumed to be above the Ojo Alamo formation based on volume of cement originally pumped. The order and detail of the next steps assumes cement top behind casing is above 1070' but could change based on the CBL results. Additional perforating and cement squeeze may be required.
- 14. NOTE: Before pumping next plug, check CBL report and determine TOC behind 4-1/2" casing. RIH w/ 2 3/8" workstring and spot 440" (~40.1 cu.ft.) plug on top of CIBP (+/- 2015"). This should P&A the PC and Fruitland from 1575"-2015".
- 15. POOH w/ 2 3/8" workstring to 1300' and spot 350' (~31.9 cu.ft.) plug in 4.5" casing. This should P&A the Ojo Alamo formation from 950' to 1300'.
- 16. RU perforating guns. TIH and perf at 305'.
- 17. Establish circulation down 4 ½" casing and up 4 ½" and 8 5/8" annulus. Pump and displace a 305' (106.0 cu. ft.) cement plug inside the annulus and 4 1/2" casing all the way to surface.
- 18. Perform underground disturbance and hot work permits. Cut off wellhead.
- 19. If cement cannot be seen on all annulus and casing strings, remedial cementing will be required from surface.
- 20. Install well marker and identification plate per NMOCD requirements.
- 21. RD and release all equipment. Remove all LOTO equipment.
- 22. Ensure all reports are loaded into DIMS. Print out summary of work and place in wellfile. Notify Sherri Bradshaw of completed P&A.

updated 2/3/2009 AA

