Office State of New Mexico	Form C-103
District 1 Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave. Artesia, NM 88210 OIL CONSERVATION DIVISION	30-045-31405
1501 W Grand Ave., Attesta, 1401 66210	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE S FEE
District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	
87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	State Gas Com AB
PROPOSALS.) 1. Type of Well: Oil Well	8. Well Number 1
	A OCRIDAL I
2. Name of Operator	9. OGRID Number
BP America Production Company	000778
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 3092 Houston, Tx 77253-3092	Basin DK & Blanco MV
4. Well Location	
Unit Letter <u>J</u> : <u>1860</u> feet from the <u>South</u> line and <u>2</u>	feet from the East line
Section 02 Township 29N Range 10W	NMPM San Juan County
11. Elevation (Show whether DR, RKB, RT, GR, et	c.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
Tr	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐	
	RILLING OPNS. P AND A
	<u> </u>
PULL OR ALTER CASING	NI JOB
DOWNHOLE COMMINGLE	
OTHER ALLE	
OTHER: OTHER: Acid	
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.	
10/22/09 well Treated with 55 gal. 15% HCl split between tbg & csg	ROVENEV 5 10 9
	But I was going to the state of
	011 CCNS. DIV.
	, DIST. 3
Spud Date: Rig Release Date: 10/22/2009	9
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Cherry Hlava TITLE Regulatory Analyst D.	ATE 10/20/00
SIGNATURE Cherry Hlava TITLE Regulatory Analyst DATE 10/29/09	
Type or print name Cherry Hlava E-mail address: hlavacl@bp.c	eom PHONE: <u>281-366-4081</u>
For State Use Only	
APPROVED BY: Toly G. Roll TITLE Deputy Oil & Gas Inspector, DATE NOV 1 9 2009	
APPROVED BY: Loly G. Parting TITLE Deputy Oil & Gas	DATE MUY 1 9 2009
Conditions of Approval (if any):	#3