

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-01668

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Empire Abo Unit "H"

8. Well No.

28

9. Pool name or Wildcat

Empire Abo

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 PROPOSALS.)

1. Type of Well:

Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

BP America Production Company

3. Address of Operator

P. O. Box 1089 Eunice, NM 88231

4. Well Location

Unit Letter P : 660 feet from the S line and 660 feet from the E line

Section 32

Township 17S

Range 28E

NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3680' RDB

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TD: 6319' PB: 6200' CIBP PERFS: 5784' - 6140'

MIRU PU POOH W/ RODS AND PUMP NU BOP POOH W/ TBG

RU WIRE LINE SET CIBP @ 5734' W/ 25' CMT

LOAD HOLE W/ PKR FLUID AND TEST CSG TO 500# FOR 30 MIN.

T&A WELL BORE ELVAUATE WELL FOR FUTURE USE

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

SIGNATURE Jim Pierce TITLE WELL SUPERVISOR DATE 3-26-2003

Type or print name Jim Pierce Telephone No. (50) 677-3642
(This space for State use)

APPROVED BY [Signature] TITLE Wild Sup ID DATE APR 3 2003
Conditions of approval, if any: