

Submit 3 Copies To Appropriate District
Office
District I •
4625 N. French Dr., Hobbs, NM 88240
District II
811 South First, 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

Form C-103
Revised March 25, 1999

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

WELL API NO.

30-015-21541

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.

291

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

Attn: Sue Sellers

3. Address of Operator

P.O. Box 3092 Houston, Tx 77253

4. Well Location

Unit Letter M 200 feet from the South line and 50 feet from the West line

Section 33

Township 17S

Range 28E

NMPM

County Eddy

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

3661' GR

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: RESUMED PRODUCTION ☐

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 recompilation.

BP America Production Company hereby notifies you that the H-291 well resumed production on March 1, 2006 at a rate of 2 MCF, 1 BOPD, 70 BWPD.

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

SIGNATURE Sue Sellers / Susan Beemer TITLE Regulatory Analyst DATE 04/07/2006

Type or print name Sue Sellers

Telephone No. 281-366-2052

(This space for State use)

APPROVED BY _____ TITLE Accepted for record DATE _____

Conditions of approval, if any:

NMOCD /s/