

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.

30-015-21542

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

EMPIRE ABO UNIT "I"

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

3. Address of Operator

P.O. BOX 1089 Eunice, NM 88231

4. Well Location

Unit Letter B : 1260 feet from the NORTH line and 1580 feet from the EAST line

Section 6

Township 18S

Range 28E

NMPM EDDY

County

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

3671' 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: ☐

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.

TD: 6261' PB: 6222' CSG: 5 1/2" - 15.5# PERFS: 5850'-6018'

1. MIRU PU POOH W/ RODS AND PUMP
2. ND WH NU BOP POOH W/ TBG
3. RU WIRELINE TO RUN TDT LOGS ACROSS ABO REEF
4. PERFORATE ABO REEF OFF OF TDT LOGS
5. RIH W/ PKR SPOT 15% HCL ACROSS PERFS SET PKR
6. ACIDIZE W/ 15% HCL 50 GALS PER FT OF PERFS
7. RIH W/ PRODUCTION TBG BELOW BOTTOM PERF ND BOP NU WH
8. SWAB TEST WELL TO CLEAN UP
9. RIH W/ PUMP AND RODS
10. RTP

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

SIGNATURE Jim Pierce TITLE Well Team Lead DATE 12/3/2003

Type or print name Jim Pierce

Telephone No. 505-677-3642

(This space for State use)

APPROVED BY FOR RECORDS ONLY TITLE DATE DEC 09 2003

Conditions of approval, if any: