Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised May 08, 2003 District 1 WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30.015.01579 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 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 Empire Abo Unit "D" DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well No. 1. Type of Well: Oil Well 🗷 Gas Well Other RECEIVED 9. OGRID Number 2. Name of Operator BP America Production Company 000778 JAN 2 8 2004 10. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Funice NM 88231 Empire Abo OCD-ARTESIA 4. Well Location 978.6 330 S _ feet from the__ line Unit Letter _ _feet from the _ line and NMPM County Section Township 17S Range Eddy 11. Elevation (Show whether DR, RKB, RT, GR. etc.) 3692' DF 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE CEMENT JOB** COMPLETION OTHER: OTHER: MIT \mathbf{x} 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. TD: 6189' CIBP: 6080' PERFS: 6106-6136' 01.13.04: Load and test csg to 540# psi. Held 30 mins. Held OK. Casing test witnessed by Gerry Guy, NMOCD Rep. BP America Production Company has evaluated this wellbore and has determined that there is workover potential in the Abo formation. Permission to retain TA status is therefore requested in order to implement another workover program. Such a program will require interest owner approval to provide funding. Temporary Abandoned Status approved I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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

SIGNATURE

TITLE

Staff Support

DATE

01.22.04

Type or print name Kellie D. Murrish

Telephone No. 505.394.1649

(This space for State use)

APPROVED BY Conditions of approval, if any:

TITLE Suild Sup P

DATE JAN 2 9 2004

