State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised May 08, 2003

WELL API NO. 30.015.01658 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 \square 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 647 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 "F" DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well No. 1. Type of Well: Oil Well X Gas Well Other RECEIVED 28 2. Name of Operator 9. OGRID Number JAN 2 8 2004 BP America Production Company 000778 3. Address of Operator 10. Pool name or Wildcat OCD-ARTESIA P.O. Box 1089, Eunice, NM 88231 Empire Abo 4. Well Location 2310 N 330 Unit Letter ____ _feet from the ____ _ feet from the__ line and line Section **NMPM** Township 17S Range County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3681' GR

12. CIN	ook Aj	ppropriate box to	indicate	Nature of Notice, Re	port, or other	Data	
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		PLUG AND ABAND	ON 🔲	REMEDIAL WORK		ALTERING CASING]
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ENT	
PULL OR ALTER CASING		MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB		ASAMO CHINEITI	
OTHER:				OTHER: MIT			۵

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: 6176' CIBP: 6058' PERFS: 6072-6094'

01.13.04: Load and test csg to 560# 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 owrkover 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.

> > Tempurary Abandonad Status approved

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	1 2 1 db .	
SIGNATURE Lie W. Munist TITLE Staff Suppor	2 45 .	
SIGNATURE / LILL W. HULLS TITLE Staff Suppor	t DATE_	01.22.04
Type or print name Kellie D. Muzel	Telephone No.	505.394.1649

(This space for State use)

APPROVED BY Conditions of approval, if any: TITLE JAN 2 9 2004

