

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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

Form C-103
Revised May 08, 2003

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

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

RECEIVED

2. Name of Operator
BP America Production Company

JAN 28 2004

3. Address of Operator
P.O. Box 1089 Eunice NM 88231

OCD-ARTESIA

4. Well Location

Unit Letter C : 990 feet from the N line and 1650 feet from the W line

Section 32 Township 17S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3715' RDB

12. 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: MIT ☒

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: 10300 CIBP: 5623' PERFS: 5747-5907'

01.13.04: Load and test csg to 540# psi. Held 30 mins. Held OK. Casing test witnessed by NMOC Rep, Gerry Guy.

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
until 1-13-09

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

SIGNATURE Kellie D. Murrish 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 [Signature] TITLE Field Rep DATE JAN 29 2004

Conditions of approval, if any:

