

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-015-01688

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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

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

4. Well Location  
Unit Letter 9L: 1980 Feet From The S Line and 660 Feet From The W Line

Section 33 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3667' GR

7. Lease Name or Unit Agreement Name  
Empire Abo Unit "G"

8. Well No.  
29 B

9. Pool name or Wildcat  
Empire Abo

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER: ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: MIT ☒

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.

01.30.03: Load well and press test to 582# and held 30 mins.  
NMOCD notified but did not witness test. Chart attached.  
Request TA status to remain for future use and uphole potential.

Temporary Abandoned Status approved  
until 1-30-08

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

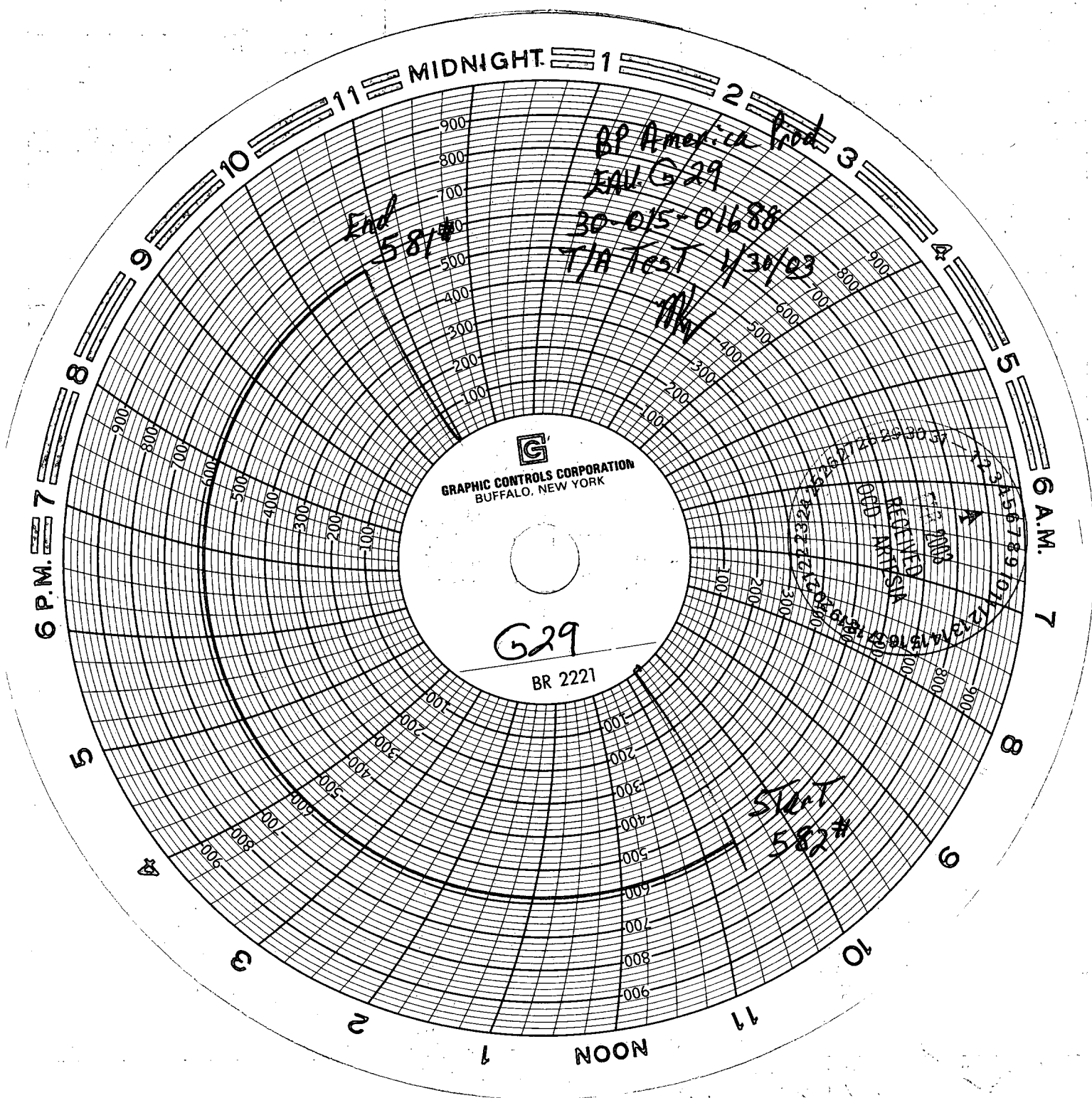
SIGNATURE Kellie D. Murrish TITLE Sr. Administrative Assistant DATE 02.04.03

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505.394.1649

(This space for State Use)

APPROVED BY [Signature] TITLE Wild Sep II DATE FEB 18 2003

CONDITIONS OF APPROVAL, IF ANY:



FEB 18 2003