Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised May 08, 2003 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30.015.01763 District 11 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE 😠 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 "G" DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well No. 1. Type of Well: Qil Well Gas Well Other 9. OGRID Number 2. Name of Operator 000778 BP America Production Company 10. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Eunice NM 88231 Empire Abo 4. Well Location 1/4 1/4 Unit Letter _ feet from the feet from the_ line Section Township 17S Range **NMPM** County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3672' DF 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** CASING TEST AND PULL OR ALTER CASING MULTIPLE COMPLETION **CEMENT JOB** OTHER: \mathbf{x} 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 completionor recompletion. 10.15.03: Load and test casing to 600# psi. Held 30 mins. Casing test witnessed by Gerry Guy, NMOCD. Chart attached. 121677 BP America Production Company has evaluated this wellbore and has determined that these is production potential in the Abo formation. Permission to retain a

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

SIGNATURE TITLE Staff Support DATE 10.24.03

Type or print name Kellie D. Murrish

TA status is therefore requested in order to complete our current workover program and develop another workover program which will require interest owner approval to

Vendorary Abandonad States Experied

(This space for State use)

provide funding.

APPROVED BY_______Conditions of approval, if any:

TITLE

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