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 30.015.21537 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 E-7116 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: T 2003 Qil Well 🗶 Gas Well Other 351 RECEIVED 9. OGRID Number 2. Name of Operator OCD - ARTESIA Ö: 000778 BP America Production Company 40. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Eunice NM 88231 Empire Abo 919141813) 4. Well Location 2550 1650 Unit Letter N feet from the line feet from the line and **NMPM** Section Township County 17S Range Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 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 **CHANGE PLANS** COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** PLUG AND ABANDONMENT **PULL OR ALTER CASING** MULTIPLE CASING TEST AND CEMENT JOB COMPLETION 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 completion or recompletion. 10.14.03: Load and test casing to 550# psi. Held 30 mins. Casing test was not witnessed by a NMOCD representative. Chart attached. BP America Production Company has evaluated this wellbore and has determined that these is production potential in the Abo formation. Permission to retain 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 provide funding. KINDOFERY ADENDORSH STORES EDDFOVED

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. Marrish

Telephone No. 505.394.1649

(This space for State use)

 TITLE SELL SEPARTOVED OF

