Submit 3 Copies To Appropriate District	State of N				_	Form C-	
Office District I	Energy, Minerals and	d Natura	l Resources			vised May 08, 2	2003
1625 N. French Dr., Hobbs, NM 87240				WELL API NO.			
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION				30.015.21544			
District III 1220 South St. Francis Dr.				5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505				STA	ATE x FE	E 🗆	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State O	il & Gas Lease No	0.	
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC		EEPEN OF	R PLUG BACKSTO A		Name or Unit Agro	eement Name	::
PROPOSALS.) 1. Type of Well:		\2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	' A	8. Well N	0.		
Oil Well X Gas Well	Other	\text{\text{x}}	27 2003	[ယ∖	151		1
2. Name of Operator	Other			9. OGRID			
_		1122	RECEIVED RECEIVED OCD - ARTESIA				
BP America Production Company			VO. VILLO	140 D- 1	000778 name or Wildcat		
3. Address of Operator			000	10. Poor 1			
P.O. Box 1089 Eunice NM 8	38231	02.0		Empire A	<u> </u>		-
4. Well Location		1	Exalations,	/			
Unit Letter:	1110 feet from the	S	line and	1322	feet from the	E	line
Section 2			ange 27E	NMPM	Count	y Eddy	,
	11. Elevation (Show w		R, RKB, RT, GR, e. 4' G R	tc.)			
12. Check A	Appropriate Box to In			Report, o	or Other Data	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000
	•• •				NT REPORT (∩E·	
NOTICE OF INTENTION TO:				SEQUEN			~ [
PERFORM REMEDIAL WORK	PLUG AND ABANDON	ا لـا ١	REMEDIAL WORK		L ALIE	RING CASING	ل_ا ف
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILL	ING OPNS.	PLUG		
PULL OR ALTER CASING	MULTIPLE		CASING TEST AND)		IDONMENT	
	COMPLETION	['	CEMENT JOB				
OTHER:			OTHER: MIT				X
 Describe proposed or complet of starting any proposed work). or recompletion. 							
TD: 6285' CIBP: 6140'	PERFS: 6100-6120'						
10.16.03: Load and test by a NMOCD rep	casing to 550# psi.		_	test was n	ot witnessed		
that these is TA status is t	duction Company has production potential herefore requested i	in the in order	Abo formation. to complete our	Permission current w	n to retain orkover progra		
_	other workover progr	am whic	n will require i	nterest ow	ner approval t	٥	
provide fundin	g.					oned Status approv	red
I hereby certify that the information above	e is true and complete to the	e best of n	ny knowledge and beli	ef.			
SIGNATURE HELLE H.	Musish	TITL	E Staff	Support	DATE_	10.24.0	3
Type or print name Kellie D. MA	200		s A	ΛΛ	Telephone No.	505.394.1	649
(This space for State use)	10		Julo	1 Des	4		
APPROVED BY		TITI	_E		DATE		
Conditions of approval, if any:					APPROVE		

