Submit 3 Copies To Appropriate District Office District I

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised May 08, 2003 WELL API NO.

| District II OIL CONSEDVATION DIVISION   | 30.015.21825                          |
|---|---------------------------------------|
| 1301 W. Grand Ave., Artesia, NM 88210  1220 Courth St. Francis Dr.  | 5. Indicate Type of Lease             |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505                         | STATE 😿 FEE 🗆                         |
| District IV   | 6. State Oil & Gas Lease No.          |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505   | o. State Office Gas Lease 140.        |
| 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 "L"                   |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-1012 EOR SUSH PROPOSALS.)                                     |                                       |
| 1 7   | 8. Well No.                           |
| Oil Well X Gas Well Other   | 152                                   |
| 2. Name of Operator   | 9. OGRID Number                       |
| BP America Production Company   | 000778                                |
| 3. Address of Operator $\omega$   | 10. Pool name or Wildcat              |
| 1101 Dat 2007 Emilion 141 00202   | Empire Abo                            |
| 4. Well Location  |                                       |
| Unit Letter O : 2602 feet from the E IIO fine and 320 feet from the S line  |                                       |
|   |                                       |
| Section 2 Township 185 Range 27E  | NMPM County Eddy                      |
| 11. Elevation (Show whether DR, RKB, RT, GR, et   | c.)                                   |
| 3568.4' GR  |                                       |
| 12. Check Appropriate Box to Indicate Nature of Notice,   | -                                     |
| NOTICE OF INTENTION TO: SUB   | SEQUENT REPORT OF:                    |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  | ☐ ALTERING CASING ☐                   |
| TEMPORARILY ARANDON O CHANCE DI ANC   | NC ODNS TO BLUCAND                    |
| TEMPORARILY ABANDON   | NG OPNS. PLUG AND ABANDONMENT         |
| PULL OR ALTER CASING  MULTIPLE  CASING TEST AND   |                                       |
| COMPLETION CEMENT JOB   |                                       |
| OTHER: MIT  | X                                     |
|   |                                       |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and g                              |                                       |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion |                                       |
| or recompletion.  |                                       |
| TD: 6335' PBD: 6211' PERFS: 6130-6150'  |                                       |
|   |                                       |
| 10.16.03: Load and test casing to 580# 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.  | 10-16-06                              |
|   | 10-16-86                              |
|   |                                       |
|   |                                       |
| I hereby certify that the information above is true and complete to the best of my knowledge and believe                | f.                                    |
| $\mathcal{K} \cdot \mathcal{M} \mathcal{M}$   |                                       |
| SIGNATURE ALLIE WHEN STAFF  | Support DATE 10.24.03                 |
| Time or print name. Vollie D. Mundah.   | Talankan Na Pop 204 5542              |
| Type or print name Kellie D. Murrick  | Telephone No. 505.394.1649            |
| (This space for State use)  |                                       |

APPROVED BY\_\_\_\_\_\_\_Conditions of approval, if any:

APPROVED OCT 2 8 2003

