State of New Mexico Form C-103 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 30.015.21962 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 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: Oil Well Gas Well Other 9. OGRID Number 2. Name of Operator 920 BP America Production Company 000778 10. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Funice NM 88231 Empire Abo 4. Well Location El ZLUMP and 2582 150 Unit Letter __ feet from the feet from the_ Section Township 17S Range 28E **NMPM** County 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 **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 completion or recompletion. TD: 6369' PED: 6313' PERFS: 6214-37' 10.14.03: Load and test casing to 600# psi. Held 30 mins. Casing test witnessed by Mike Bratcher, NMOCD. 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. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE. Administrative Assistant DATE Type or print name Kellie D. (This space for State use) APPROVED BY TITLE

Conditions of approval, if any:

