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 30.015.22490 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-1913) FOR SUCH Empire Abo Unit "J" PROPOSALS.) 8. Well No. 1. Type of Well: Oil Well X Gas Well Other 233 OGRID Number 2. Name of Operator RECEIVED BP America Production Company 000778 OCD - ARTESH 10. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Funice NM 88231 Empire Abo 4. Well Location 2630 1930 feet from the line Unit Letter feet from the -line and Township Range **NMPM** County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3668.9' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON . REMEDIAL WORK **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. [ PLUG AND **ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE** COMPLETION CEMENT JOB  $\mathbf{x}$ OTHER: 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: 6300' PBD: 6253' PKR: 6111' PERFS: 6124-6142' 10.16.03: Load and test casing to 570# 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 Temporary Abandonad Status epproved provide funding. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Staff Support SIGNATURE. DATE \_ 10.24.03 Type or print name Kellie D. Murr Telephone No. 505.394.1649

DATE

(This space for State use)

Conditions of approval, if any:

APPROVED BY\_

