Submit 3 Copies To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised May 08 2003

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District I 1625 N. French Dr., Hobbs, NM 8					WELL A					
District II OIL CONSERVATION				I DIVISION			30.015.22806			
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Fran				icis Dr. 5. Indicate			Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 8							x FEE			
District IV 1220 S. St. Francis Dr., Santa Fe,	NM 87505					Oil & Gas Le 5 8,647-36		320		
		REPORTS ON \			7. Lease	Name or Un	it Agreer	nent Name	;:	
(DO NOT USE THIS FORM FO DIFFERENT RESERVOIR. USE PROPOSALS.)					_	ABO UNIT '	F'			
1. Type of Well: Oil Well 🕱 Gas We	RECEIVE	D	8. Well No. 383							
2. Name of Operator			NOV 1 0 70	03	9. OGRII					
BP America Producti	on Company					000778	в			
3. Address of Operator			CD-ARTE	2017	10. Pool	name or Wi	ldcat			
P.O. Box 1089 Eunic	e NM 88231	_			EMPIRE A	ABO			_	
4. Well Location										
Unit LetterF	: 1600	_feet from the	<u>N</u>	_ line and	2350	_ feet from t	he	W	line	
Section	35	Township 17s	Range	28E	NMPM		County	EDDY	·	
	11. Ele	vation (Show whet	her DR, RK 3678.4' G		c.)					
12. (Check Appropri	ate Box to Indic	cate _l Natur	e of Notice,	Report,	or Other D)ata			
	F INTENTION			-	•	NT REPO		₹:		
PERFORM REMEDIAL WOF		AND ABANDON	REME	DIAL WORK	<u></u>			IG CASING	3 🗀	
TEMPORARILY ABANDON	☐ CHANC	SE PLANS	COW	MENCE DRILLI	NG OPNS.		PLUG AI			
PULL OR ALTER CASING	MULTI COMP	PLE LETION		IG TEST AND NT JOB						
OTHER:			OTHE	R: MIT					\mathbf{x}	
13. Describe proposed or of starting any proposed or recompletion. TD: 6300' PED: 6	d work). SEE RU		ltiple Compl	letions: Attach						
10.23.03: Load & 6 by Gerry	_	560#. Held 30 Chart attached.		sing test wi	tnessed					
This we	ll is being ers	luated by BP Am	erica Pro	duction Com	name for e	otential				
	_	s in a lower zo								
_		ion outcomes of								
	_			-						
				Temporary Abandona	d Status approv	ed				
				nti 10-2.	3-06					
	/									
I hereby certify that the informa	tion above is true an	d complete to the be	st of my know	wledge and belie	f.					
SIGNATURE JULI	14.97/	unsl	TITLE	Staff	Support	D	ATE	11.08.0	3	
Type or print name Kellie	D. Murrish	<u> </u>				Telephon	e No. 5	05.394.1	649	
(This space for State use)				A -11	/	70				
ADDOLUDD DA	100			July .	Hed)					

APPROVED BY___Conditions of approval, if any:

