

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-01698

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Empire Abo Unit "E"

8. Well No.
31

9. Pool name or Wildcat
Empire Abo

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
(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-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
BP America Production Company

3. Address of Operator
P.O. Box 1089 Eunice, NM 88231

4. Well Location
Unit Letter B : 973 Feet From The N Line and 1980 Feet From The E Line
Section 33 Township 17S Range 28E NMPM Eddy County

11. 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 ☐
PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐
OTHER: ☐ OTHER: Test Casing ☐

12. 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.

TD: 6350' PBD: 6281' PERFS: 5872-6008' Set Plug @ 5808'

07.05.02: MIRUPU. NDWH. NUBOP. PH w/tbg & pkr.
07.08.02: RIH w/bit & scraper. Test tbg to 5000#. POH w/bit & scraper. RIH
with plug, pkr, & tbg.
07.09.02: Set plug @ 5808' and tested to 500#. Held good.
07.10.02: Unset pkr & POH. Loaded csg w/pkr fluid.
07.11.02: NDBOP. Flanged wellhead. Left 1 jt. tbg in hole. Well abandoned
pending P&A.

This well must be in physical compliance

on or before 11-8-02

I hereby certify that the information above is true and complete to the best of my

SIGNATURE

TITLE Sr. Administrative Assistant

DATE 08.01.02

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505.394.1649

(This space for State Use)

DENIED

AUG 8 2002

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: