

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-21769

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
Empire Abo Unit "G"

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 Co

3. Address of Operator

PO Box 1089, Eunice, New Mexico 88231

8. Well No. G-321

9. Pool name or Wildcat
Abo

4. Well Location

Unit Letter I : 1520 feet from the South line and 250 feet from the East line

Section 33

Township 17S

Range 28e

NMPM

County Eddy

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

KB 10'

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

TD 6401' PBTD 6353' Perfs 5820 - 6050'

Acidize perfs and swab.

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

SIGNATURE

M Kent Whitmire

TITLE

Operational Supervisor

DATE

12/11/02

Type or print name M Kent Whitmire

Telephone No. *505.394.1600*

(This space for State use)

APPROVED BY

[Signature]

TITLE

Field Rep ID

DATE

DEC 27 2002

Conditions of approval, if any