

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-36623</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>BP America Production Company</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>POB 1089, Eunice, New Mexico</b>		7. Lease Name or Unit Agreement Name: <b>State FLounder</b>
4. Well Location Unit Letter <b>C</b> : <b>480</b> feet from the <b>North</b> line and <b>1980</b> feet from the <b>West</b> line Section <b>30</b> Township <b>17S</b> Range <b>35E</b> NMPM County <b>Lea</b>		8. Well No. <b>001</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat <b>Vacuum Abso N. / Vacuum Wolf Camp</b>

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: ☐

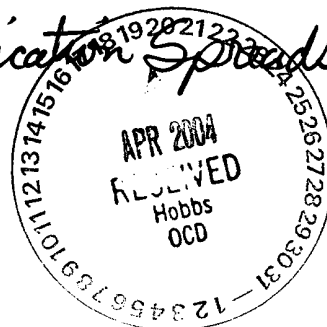
SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **Pit Notification** ☒

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.

*See Attached*

*Pit and/or Below-Grade Tank Notification Spreadsheet*



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

SIGNATURE Robert L. Manthei TITLE Regulatory/Measurement DATE 4/15/04  
Type or print name Robert L Manthei Telephone No. 394-1602

(This space for State use)

APPROVED BY Larry W. Wink TITLE FIELD REPRESENTATIVE II / STAFF MANAGER DATE \_\_\_\_\_  
Conditions of approval, if any:

APR 20 2004

## Pit and/or Below-Grade Tank Notification Spreadsheet

Use of this form is optional. If you have your own report, you may use it.

### Pit

Type	Unit Letter	Section	Township	Range	API Number if associated with a well	Facility Name if not associated with a well	Latitude (if available)	Longitude (if available)	To Remain In Use?
State Flounder # 1 Drilling Pit	C	30	17S	35E	30-025-36623		32 48 42.69	103 29 54.71	No