Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF AND:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	011 0011000111	`` DIT!!	T
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-198	OIL CONSERVATIO 2040 Pacheco		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	10		6. State Oil & Gas Lease No.
SLINDRY N	OTICES AND REPORTS ON WE	FILS	
(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.)			7. Lease Name or Unit Agreement Name Sinclair A State
1. Type of Well: OIL GAS WELL WELL	X OTHER		
2. Name of Operator			8. Well No.
BP America Production Comp	oany		5
3. Address of Operator P.O. Box 1089 Eunice, NM 88231			9. Pool name or Wildcat Langlie Mattix SRQ Grbg
4. Well Location Unit Letter I : 19	980 Feet From The S	Line and 66	Feet From The E Line
Section 23	Township 23S Ra	nge 36E	NMPM Lea County
	10. Elevation (Show wheth	115 <u>C</u>	
	//////////////////////////////////////		
11. Check	Appropriate Box to Indicat	I .	-
NOTICE OF I	NTENTION TO:	SUB	SEQUENT REPORT OF:
	l	DE1477141 14/0714	П и терию одолю. Г
PERFORM REMEDIAL WORK	J PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS \square	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB .
OTHER:		OTHER:	
12. Describe Proposed or Complete work) SEE RULE 1103.TD: 3755 PBD: 3520		etails, and give pertinent	dates, including estimated date of starting any prop
04.04.03: RIH w/CIBP RIH & tag (cmt @ 2760	DWH. NUBOP. Load & tst csg 1 . Set @ 3330'. Circ hole w/9 @ 2969'. POH & spot 25 sxs cm'. @ 340'. RIH w/pkr & press up	9.5# mud. Spot 25 nt @ 2760'. WOC.	RIH & tag
			(N /1 / 6)
04.06.03: RDPU. Clea Well P&A	'. Circ 35 sxs cmt to surf. an location. Cut off dead man	n markers. Instal	1 dry hole marker . Notice FD
	- -	plugging of the Well	Dole
	•	ond is retained until	
	surface restoration	on is completed.	200000
I hereby certify that the information abo	eve is true and complete to the best of my knowl	_	
SIGNATURE ///		_{LE} <u>Sr. Administrat</u>	
TYPE OR PRINT NAME Kellie D.	Murrish		TELEPHONE NO. 505-394-1649
(This space for State Use)	•		
4). Wink		THE WATAFF MANAGER
APPROVED BY Lary L	i. Wink ou	FIELD REPRESENTAL	TIVE 11/STAFF MANAGER MAY 1 5 2003