| Submit 3 Copies To Appropriate District   | State of New   |  | Form C-10  |           |
|---|--|--|--|-----------|
| Office District I   | Energy, Minerals and N                                     | atural Resources                                       | May 27, 20   | 04        |
| 1625 N. French Dr., Hobbs, NM 87240   |  |  | WELL API NO.<br>30.015.01733   |           |
| District II 1301 W. Grand Ave., Artesia, NM 88210   | OIL CONSERVAT  |  | 5. Indicate Type of Lease  | _         |
| District III  | 1220 South St.   |  | STATE 🔀 FEE 🗆  |           |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV                                       | Santa Fe, NI   | VI 8/303   | 6. State Oil & Gas Lease No.   | $\dashv$  |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505   |  | 2456780  |  |           |
| SUNDRY NOTIC  | ES AND REPORTS ON A  | VELLS . 30,  | 7. Lease Name or Unit Agreement Name:  | $\neg$    |
| SUNDRY NOTIC  (DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) | SALS TO DRILL OR TO DEEP<br>ATION FOR PERMIT" (FOR M       | EN OR PLUE BACK TO A                                   | Empire Abo Unit F  |           |
| PROPOSALS.)  1. Type of Well:   | / රා   |  | 8. Well Number   | -         |
| Oil Well 🗷 Gas Well   | Other (සූ  | RECEIVED   | 38   | Ì         |
| 2. Name of Operator   | (A)  | OCD - ARTESIA  | 9. OGRID Number  | ㅓ         |
| BP America Production Comp  | any  |  | 00778  |           |
| 3. Address of Operator  | <del></del>  | 19702122388  | 10. Pool name or Wildcat   |           |
| P.O. Box 1089 Euroice NM 8  | 8231   | 68.5.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.              | Empire Abo   | $\dashv$  |
| Unit Letter F :   | 1650 feet from the   | N line and   | 1650 feet from the W li  | ine       |
| Section 35  | Township 17s   | Range 28E  | NMPM County Eddy   | - 1       |
|   | 11. Elevation (Show wheth                                  |  |  |           |
| Pit or Below-grade Tank Application   | or Closure   | 203T GK  |  |           |
| Pit type Depth to Groundwater   |  | fresh water well Die                                   | stance from nearest surface water  |           |
| Pit Liner Thickness: mil  |  | umebbls; Constructi                                    |  |           |
| Tit Liner Unickness.  | Delow-Grade Tank. Voi                                      | unicbbis, Constructi                                   | on Material  |           |
|   |  |  |  |           |
| 12. Check A   | Appropriate Box to Indicate                                | cate <sub> </sub> Nature of Notice,                    | Report, or Other Data  |           |
| NOTICE OF INTE  | ENTION TO:   | SUB  | SEQUENT REPORT OF:   |           |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON [   | REMEDIAL WORK  | ☐ ALTERING CASING  |           |
| TEMPORARILY ABANDON   | CHANGE PLANS   | COMMENCE DRILL   | ING OPNS. PLUG AND ABANDONMENT   |           |
| PULL OR ALTER CASING  | MULTIPLE COMPLETION  | CASING TEST AND CEMENT JOB                             |  | ÷         |
| OTHER:  |  | OTHER: Request   | IA extension   | X         |
| 13. Describe proposed or completed  | operations. (Clearly state a                               | Il pertinent details, and giv                          | e pertinent dates, including estimated date  |           |
|   |  |  | wellbore diagram of proposed completion  |           |
| -   |  |  |  |           |
| BP America Production Com   |  |  |  |           |
| BP is currently evaluating us time to complete the e                                      |  |  |  |           |
| whether to repair or P&A.   | varuation. Dr Will Not                                     | THY NAME OF OUR DIST                                   | a for dus well,  |           |
| mada oo logaal oo lan   |  |  |  |           |
|   |  | Der  | ied - Reference NMOCD  |           |
|   |  | Rul  | 203  |           |
|   |  | 2.00   | 70.  |           |
| I hereby certify that the information a grade tank has been/will be constructed or        | oove is true and complete to losed according to NMOCD guid | the best of my knowledge<br>delines , a general permit | and belief. I further certify that any pit or below or an (attached) alternative OCD-approved plan | v-<br>n 🔲 |
| SIGNATURE VICTOR  | 1.   |  | ive Assistant DATE 10.05.06  |           |
| Type or print name Vicki Owens  |  | E-mail address:  | owensv12@bp.com Telephone No. 505.394.165  |           |
| For State Use Only  |  |  | r  | -         |
| ADDDOVED DV   |  |  |  |           |
| APPROVED BY   |  | TITLE  | DATE   |           |