

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr , Hobbs, NM 87240
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
May 27, 2004

RECEIVED HOBBS OCD		WELL API NO. 30-025-36623	
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		6. State Oil & Gas Lease No.	
		7. Lease Name or Unit Agreement Name: FLOUNDER STATE	
2. Name of Operator BP America Production Company		8. Well Number 1	
3. Address of Operator P.O. Box 1089 Eunice NM 88231		9. OGRID Number 00778	
4. Well Location Unit Letter C : 480 feet from the N line and 1980 feet from the W line Section 30 Township 17S Range 35E NMPM County LEA		10. Pool name or Wildcat VACUUM: ABO NORTH / WOLFCAMP	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3987' GR			
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____			

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Well test for information purposes only. <input checked="" type="checkbox"/>	

13. 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 recompletion.

For information purposes, per request of Sylvia Dickey, following is well test information for Flounder State #1, returned to production in May 2008:

24 hr. test dated 5/24/08: 60 mcf gas, 39 bbls. oil, 104 bbls. water

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Barry C. Price TITLE Area Operations Team Lead DATE 6/19/08
E-mail address: barry.price@bp.com
Type or print name Barry C. Price Telephone No. 575-394-1648

For State Use Only

APPROVED BY Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER
TITLE _____ DATE JUN 27 2008
Conditions of Approval, if any: