

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-30594
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	Howling Coyote "30"
8. Well No.	1
9. Pool name or Wildcat	Wildcat
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3694.3

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 Exploration, Inc
3. Address of Operator P.O. Box 460609, Houston, Texas 77056-8609	4. Well Location Unit Letter N : 1633 Feet From The West Line and 1138 Feet From The South Line Section 30 Township 17S Range 38E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	OTHER: ☐	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.

Spud 6/8/89

	Csg	Wt & Kind	Depth	Cement	Pressure
6-9	13 3/8	48# - H40	406'	.417 sxs Cl C	600 psi
6-16	8 5/8	24 & 32# K-55	4531'	1500 sxs Poz	1500 psi
7-8 Plugs	11990-973 - 50	sxs Cl G		200 sxs Cl C	
	11550-533	50 sxs Cl G			
	9900-9883	50 sxs Cl G			
	8245-8228	50 sxs Cl G			
	6430-6413	50 sxs Cl G			
	4530-4512	50 sxs Cl G			
	2125-2107	50 sxs Cl G			
	Surf - 5	10 sxs Cl G			

O + 2 NM Cons Hobbs
E. Kubicek/Regulator
D. Smit

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

SIGNATURE Blaine Kubicek TITLE Permit Specialist DATE 8-22-89

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE MAY 1 1990

CONDITIONS OF APPROVAL, IF ANY: