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 OIL CO	NSERVATION DIVISIO	N
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St.	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505	30.025.24418 5. Indicate Type of Lease
DISTRICT III		STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
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.)		7. Lease Name or Unit Agreement Name W.C. Roach
1. Type of Well: OIL GAS WELL OTHER		
2. Name of Operator		8. Well No.
BP America Production Company		5
3. Address of Operator P.O. Box 1089 Eunice, NM 88231		9. Pool name or Wildcat Eumont Yates SRQ Gas
4. Well Location Unit Letter F : 1650 Feet From	The N Line and 16	550 Feet From The W Line
Section 21 Township	20S _{Range} 37E	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
3512' GR		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AN	D ADAMSON	П
	D ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON L CHANGE	PLANS COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT X
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB L
OTHER:	OTHER:	
12. Describe Proposed or Completed Operations Clearly work) SEE RULE 1103.	y state all pertinent details, and give pertinen	dates, including estimated date of starting any propose
TD: 3808' PBD: 3798' PERFS: 2713-3593'		
2613' w/35'cmt to isolate shoe @ 475'. Displace ho	/35' cmt. Casing would not load. e top perf @ 2713'. Tested csg t ole w/9.5# mud. Spot 25 sxs cmt cmt & squeeze shoe @ 1250#. WOO	o 500#. Perf @ 1350'. Set @@@
Approved as to Plugging of the Well Bore. Liability under bond is retained until Surface restarction is completed.		
I hereby certify that the information above is true and complete		face restoration is completed.
SKINATURE JULIE A. MUMAL		ive Assistant DATE 12.17.02
TYPE OR PRINT NAME Kellie D. Murrish		TELEPHONE NO. 505.394.1649
(This space for State Use)		
*	SIGNED L'S	
	A RV VAI	
APPROVED BY	CARY W. WINK	DATE