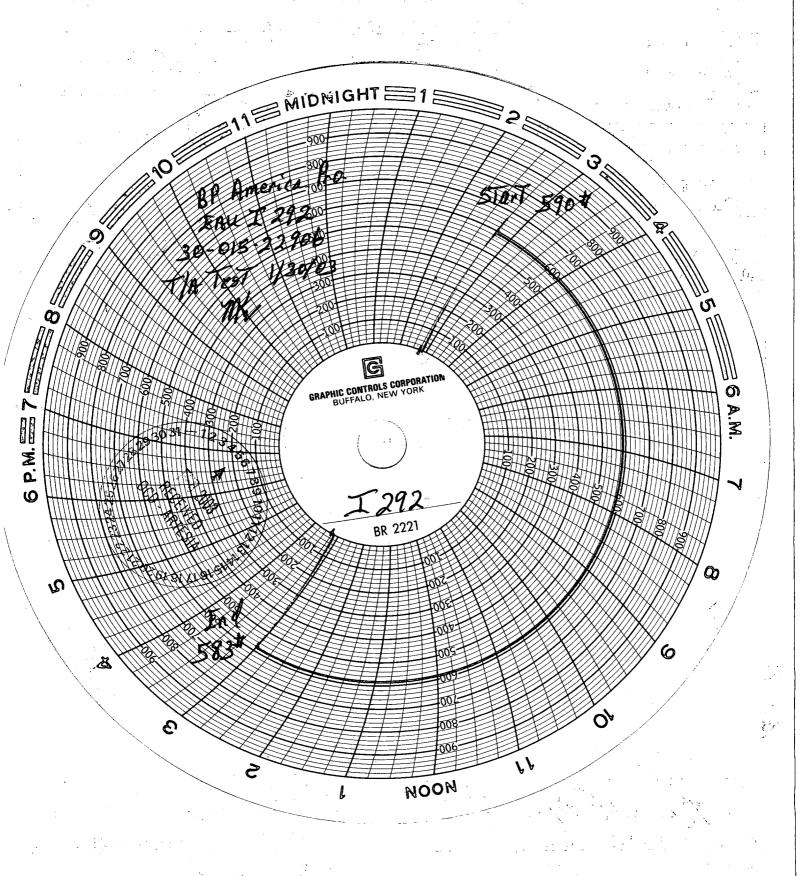
Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office	Lifergy, winterais and	i ivaturai Nesourc	es Department	Revised	i 1-1-89	
DISTRICTI	OIL CONSERV					
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. DISTRICT II Santa Fe, NM 87505				WELL API NO. 30-015-22906		
P.O. Drawer DD, Artesia, NM 88210	Santa Fe	e, INIMI 87505	5. Indicate Type		FEE 🗆	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga		TEE -	
SUNDRY NOTICES AND REPORTS ON WELLS						
(DO NOT USE THIS FORM FOR PR DIFFERENT RESEI (FORM C-	7. Lease Name o	7. Lease Name or Unit Agreement Name Empire Abo Unit "I"				
1. Type of Well: OIL WELL X GAS WELL C	OTHER	15 00 mm				
2. Name of Operator BP America Production Compan	, /	324.	8. Well No.			
3. Address of Operator P.O. Box 1089 Eunice, NM 8		122 E	9. Pool name or Empire Abo	Wildcat		
4. Well Location	<i></i>	Te F	.37		h-a-n-	
Unit Letter 14.: 485	Feet From The	N Line and	1070 Feet From	m The W	Line	
Section 4	Township 18S	Range 28		Eddy	County	
	10. Elevation (Sho	w whether DF, RKB, R 3663.6' G				
11. Check Ap	propriate Box to Ir			or Other Data		
NOTICE OF INT			SUBSEQUENT I			
					_	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL W	ORK	ALTERING CASING		
EMPORARILY ABANDON \square	CHANGE PLANS	COMMENCE	DRILLING OPNS.	PLUG AND ABAND	ONMENT L	
ULL OR ALTER CASING		CASING TES	T AND CEMENT JOB			
THER:		OTHER: MI	Γ		X	
 Describe Proposed or Completed Opwork) SEE RULE 1103. 	perationsClearly state all per	tinent details, and give	pertinent dates, including e	stimated date of star	rting any prope	
TD: 6350' PBD: 6288'	CIBP: 6044' PERFS:	6066-6084				
	press test to 590# a d but did not witness atus to remain for fu	test. Chart at				
			Temporery Abandonad Status appli until /-30 -08	bavo		
I hereby certify that the information above is	true and complete to the best of	ny knowledge and bolist				
SIGNATURE THE MINISTER AND INC.	Munish		nistrative Assistant	DATE02.	.04.03	
TYPEOR PRINT NAME Kellie D. Muri	/ rish		•	TELEPHONE NO. 505.	.394.1649	
(This space for State Use)	700	1.	Ild Des V	>		
APPROVED BY	18	TITLE		FEB 1	8 2003	



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