Form 3160-5 (September 2001) DEPARTMENT OF THE INTERNET W. Grand Avenue BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS NM 88210				T-4	
Do not use this form for abandoned well. Use For				6. If Indian, Allo	ottee or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side RECEIVED				7. If Unit or CA/Agreement, Name and/or No. NM-70945	
1. Type of weil				8. Well Name an	131
Z Oil Well Gas Well Other 2. Name of Operator	MAY 0 8 2005			Empire Abo	
BP America Production Company 3a Address		b. Phone No. (include area code)			
P.O. Box 1089 Eunice NM 88231		505.394.1649		30.015.00918	
4. Location of Well (Footage, Sec., T., R., M., or Survey I	T 203.334.T043	303.354.1045		10. Field and Pool, or Exploratory Area Empire Abo	
UL I, SECTION 17-518S-27E					
2314' FSL & 330' FEL				11. County or Parish, State	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REP					
TYPE OF SUBMISSION	TYPE OF ACTION				
X Notice of Intent	Acidize ,	Deepen	Production	(Start/Resume)	Water Shut-Off
	Alter Casing	Fracture Treat	Reclamatio	on [Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplet	ָ ר	X Other MULTIPLE
	Change Plans	Plug and Abandon	= :	ly Abandon	out <u>Monte Pris</u>
Final Abandonment Notice	Convert to Injection		Water Dis	-	
13. Describe Proposed or Completed Operation (clearly If the proposal is to deepen directionally or recomp Attach the Bond under which the work will be per following completion of the involved operations. I testing has been completed. Final Abandonment Metermined that the final site is ready for final inspect.	lete horizontally, give s formed or provide the f the operation results i Notices shall be filed on	ubsurface locations and meas Bond No. on file with BLM/ n a multiple completion or re	sured and true ver /BIA. Required secompletion in a re	rtical depths of all subsequent reports new interval, a For	pertinent markers and zones. shall be filed within 30 days m 3160-4 shall be filed once
TD: 5602 PBD: 5500 PKR: 5297	: PERFS: 5316	-5458'			
SCOPE OF WORK IS TO SWAB TEST EXI RECOMPLETE UPHOLE.	Sting Perfs. A	CIDIZE IF NECESSAR	Y. IF NOT I	PRODUCTIVE	
	T EXISTING PERF	PRODUCTIVE PLACE OF	LF NECESSAR N PUMP.		RIP.
• •	250'. LOAD CSG K LOAD & TEST.	W/2% KCL WIR. BRI RLS PKR & POH. RI	PERF 5279-52 BAK DOWN PER IN PROD 2-3/	/8"APPR	OVED
IF WORKOVER OPERATIONS UNSUCCESSFUL, PREP TO P&A.				2 - 2005	
14. I hereby certify that the foregoing is true and correct Name (Printed Typed) Kellie D. Murrish		Title Staff	Title LES BABYAK PETROLEUM ENGINEER Staff Support		BABYAK JM ENGINEER
Ruie D. Mlun	sl	Date 04.06.04			
THIS	SPACE FOR FEE	ERAL OR STATE OF	FICE USE		
Approved by		Title		Date	
Conditions of approval, if any, are attached. Approval o certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	those rights in the sub	varrant or Office ject lease			
Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section States any false, fictitious or fraudulent statements or representations.			nd willfully to ma	ake to any departm	ent or agency of the United