

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED  
OMB NO. 1004-0137  
Expires March 31, 2007

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

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SUBMIT IN TRIPLICATE - Other instructions on reverse side

## 1 Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

JUN 17 2008

## 2 Name of Operator

BP America Production Company

OCD-ARTESIA

## 3a. Address

P.O. Box 1089 Eunice NM 88231

## 3b Phone No (include area code)

575-394-1648

## 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter D, 625 FNL & 175 FWL  
Section 11, T18S, R27E

## 5 Lease Serial No.

LC067858

## 6. If Indian, Allottee or Tribe Name

## 7. If Unit or CA/Agreement, Name and/or No

NMNM70945X

## 8. Well Name and No.

Empire Abo Unit 132  
"M"

## 9. API Well No

30-015-22659

## 10. Field and Pool, or Exploratory Area

Empire Abo

## 11. County or Parish, State

Eddy County NM

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen                      | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat              | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction            | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other _____    |
|   | <input type="checkbox"/> Change Plans         | <input checked="" type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |   |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back                   | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

5/21/08: RIG UP UNIT. BREAK WELLHEAD BOLTS AND NU BOP. RELEASE PKR AND TALLY OUT OF HOLE W/ 70 STANDS OF TBG. SHUT DOWN.

5/22/08: POH WITH MODEL R PKR. TIH WITH CIBP TO 5862'. SET CIBP, LOAD CSG W/ 102 BBL. TEST TO 500# FOR 10 MIN. TEST GOOD. CIRC CSG WITH 9.5# MUD, 110 BBL, SPOT 25 SX CEMENT, WITH 21.5 BBL MUD. POH TO 4101' SPOT 25 SX PLUG, WITH 15 BBL. 9.5# MUD.

POH TO 3407' SPOT 25 SX, WITH 12 BBL 9.5# MUD. SHUT DOWN.

5/23/08: RIH WITH TBG TO 3145' AND TAG. POH WITH TBG TO 1165'.

SPOT 25 SX CEMENT AND FLUSH 3.5 BBL 9.5 MUD.

POH WITH TBG, CLEAN LOCATION, PREPARE TO REMOVE BOP. SHUT DOWN.

5/27/08: RIH TAG PLUG @ 895' LAY ALL TBG DOWN. REMOVE BOP. RIH WITH 157' TBG.

PUMP 15 SX PLUG TO SURFACE, POH LD TBG, FILL CSG TO SURFACE. WASH UP TBG AND PUMP CLEAN PIT. RIG DOWN UNIT. CLEAN LOCATION.

5/28/08: DIG OUT AND CUT OFF WELLHEAD 4' DOWN, INSTALL MARKER.

14 I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Barry C. Price

Title

Area Operations Team Lead

Date 06/10/08

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

JUN 14 2008

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

James

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any Department or Agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

Accepted for record - NMOCB