

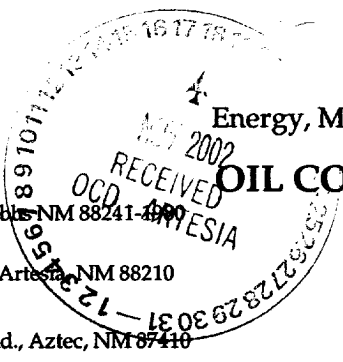
Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CIST
[Signature]

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-4990
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410



OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-01736

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
647

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
EMPIRE ABO UNIT "E"

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
38

2. Name of Operator
BP America Production Company

9. Pool name or Wildcat
EMPIRE ABO

3. Address of Operator
P.O. Box 1089, Eunice, NM 88231

4. Well Location
Unit Letter C : 660 Feet From The N Line and 1980 Feet From The W Line

Section 35 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3684' GR

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
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER: Returned to Production

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.

TD: 6344' PBD: 6175' PERFS: 5925-5984'

1/5/00: Start up pumping unit. Left well pumping.

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

SIGNATURE Vicki Owens TITLE Administrative Assistant DATE 11/18/02

TYPE OR PRINT NAME Vicki Owens TELEPHONE NO. 505-394-1650

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Accepted for record - NMOCT