Submit 3 Copies To Appropriate District

State of New Mexico

Form C-103

Office	Energy, Minerals and N			Revised May 08, 2003	
District I	zmergy, minerals and r	vacuitai itoboaroob	WELL API NO.	Revised May 08, 2005	
District II	N. French Dr., Hobbs, NM 87240		30.015.01689		
1301 W. Grand Ave., Artesia, NM 88210	Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE 🗷		
District IV	•	141 07505	6. State Oil & Gas		
1220 S. St. Francis Dr., Santa Fe, NM 87505			647	Lease No.	
SUNDRY NOTIC	ES AND REPORTS ON	WELLS	7. Lease Name or U	Unit Agreement Name:	
(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.)			EMPIRE ABO UNIT	·F.	
1. Type of Well:			8. Well No.		
Oil Well X Gas Well	Other	RECEIVED	30		
2. Name of Operator			9. OGRID Number		
BP America Production Comp		APR 0 2 2004	0007	778	
3. Address of Operator	(OCD-ARTESIA	10. Pool name or V	Wildcat	
P.O. Box 1089 Funice NM 8	8231		EMPIRE ABO		
4. Well Location					
Unit Letter F ::	1980 feet from the	N line and	1980 feet from	n the W line	
Section 33	Township 178	Range 28E	NMPM	County EDDY	
58 1388888888888888888888888888888888888	11. Elevation (Show when		c.)		
	,				
12. Check A	appropriate Box to Indi	cate _l Nature of Notice,	Report, or Other	Data	
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK 🗓	PLUG AND ABANDON			ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. 🔲	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE [CASING TEST AND		ABANDONMENT	
	COMPLETION	CEMENT JOB			
OTHER:		OTHER:			
 Describe proposed or complete of starting any proposed work). or recompletion. 					
TD: 6155' CIBP: 6000 P	ZRFS: 6046-6080				
MIRUPU. NDWH. NUBOP.					
REMOVE CIBP @ 6000'.					
ACIDIZE OLD PERFS.					
RUN TOT LOGS, PERF, ACIDI	æ.				
SWAB OR PROD TEST.					
RIP.					

I hereby certify that the information above is true and complete to the best of my kno	wledge and belief.		
SIGNATURE LUIL A TITLE TITLE	Staff Support	DATE_	04.01.04
Type or print name Kellie Murrish	T	Telephone No.	505.394.1649
(This space for State rise)	District Super	wesen)	APR 0 5 2004
APPROVED BY TITLE	<i>y</i>	DATE	P1 11 0 0 200

Conditions of approval, if any: