State of New Mexico Submit 3 Copies To Appropriate District Form C-103 Office Energy, Minerals and Natural Resources Revised May 08, 2003 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30.015.01687 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 FEE District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 647 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A EMPIRE ABO UNIT 'F' DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well No. 1. Type of Well: RECEIVED Oil Well X Gas Well Other 2. Name of Operator 9. OGRID Number JUN 2 2 7004 BP America Production Company 000778 OCD-ARTESIA 3. Address of Operator 10. Pool name or Wildcat P.O. Box 1089 Eunice NM 88231 EMPIRE ABO 4. Well Location Unit Letter 1980 N line and _ 620 feet from the feet from the line Section Township Range **NMPM** County 17S EDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3674' GR 12. 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 REMEDIAL WORK ALTERING CASING ... **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND** ABANDONMENT PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION CEMENT JOB OTHER: OTHER: RTP \mathbf{x} 13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. TD: 6150' PBD: 5996' CIBP: 5786' PERFS: 5682-5776' 06.03.04: This well was opened up to relieve build up pressure. It is expected that this well will be flowed for production cycling purposes on an intermittent basis. Test information: 06.04.04: 3 BW, 10 BO, 10.5 MCFG I hereby certify that the information above is true and complete to the best of my knowledge and belief. Staff Support SIGNATURE_ DATE_ 06.21.04 Type or print name Kellie D. Murrish Telephone No. 505.394.1649 (This space for State use)

_ TITLE__

_ DATE _

APPROVED BY

Conditions of approval, if any: