

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised May 08, 2003

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30.015.22227</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <b>Empire Abo Unit "F"</b>
8. Well No. <b>341</b>
9. OGRID Number <b>00778</b>
10. Pool name or Wildcat <b>Empire Abo</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	<b>RECEIVED</b>
2. Name of Operator <b>BP America Production Company</b>	<b>SEP 21 2004</b>
3. Address of Operator <b>P.O. Box 1089 Eunice NM 88231</b>	<b>OOD-ARTESIA</b>
4. Well Location Unit Letter <b>F</b> : <b>1326</b> feet from the <b>N</b> line and <b>2593</b> feet from the <b>W</b> line Section <b>34</b> Township <b>17S</b> Range <b>28E</b> NMPM County <b>Eddy</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3673'</b>	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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: 6363' PED: 6075' CIBP: 6175' PERFS: 6132-6142'

MIRUPU. PU & RIH W/TBG.  
RIH & SET CIBP @ 6030'.  
DUMP 35' CMT ON TOP OF CIBP  
SWAB DOWN CSG  
RUN TDT LOGS & SELECT PERFS  
ACIDIZE W/6000 GALS 15% HCL  
SWAB TEST FOR RESULTS

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

SIGNATURE Kellie D. Murrish TITLE Scheduler DATE 09.20.04

Type or print name Kellie D. Murrish

Telephone No. 505.394.1649

(This space for State use)

FOR RECORDS ONLY

SEP 22 2004

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any: