Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-015-21542	of I acco	
District III 1220 South St. Francis Dr.		cis Dr.	5. Indicate Type of STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & G		
1220 S. St. Francis Dr., Santa Fe, NM 87505				
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 "I"	
Type of Well: Oil Well Gas Well X Other RECEIVED				
2. Name of Operator	DEC 1 7 2003		8. Well No.	231
BP AMERICA 3. Address of Operator	00	D-ARTESIA	O Pool non	ne or Wildoot
P.O. BOX 1089 Eunice, NM 88231	OCD-ARTESIA		9. Pool name or Wildcat EMPIRE ABO	
4. Well Location				
Unit LetterB_:_1260feet from theNORTH line and1580feet from theEAST line				
Section 6 Township 18S Range 28E NMPM EDDY County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3671' GR				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	S AND ABANDON	REMEDIAL WOR	K □	ALTERING CASING
☐ TEMPORARILY ABANDON ☐ CHA	NGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND
	TIPLE PLETION	CASING TEST AN	ND □	ABANDONMENT
OTHER:		OTHER:		
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.				
TD: 6261' PB: 6222' CSG: 5 ½" – 15.5# PERFS: 5850'-6018' 1. MIRU PU POOH W/ RODS AND PUMP 2. ND WH NU BOP POOH W/ TBG 3. RU WIRELINE TO RUN TDT LOGS ACROSS ABO REEF 4. PERFORATE ABO REEF OFF OF TDT LOGS 5. RIH W/ PKR SPOT 15% HCL ACROSS PERFS SET PKR 6. ACIDIZE W/ 15% HCL 50 GALS PER FT OF PERFS 7. RIH W/ PRODUCTION TBG BELOW BOTTOM PERF ND BOP NU WH 8. SWAB TEST WELL TO CLEAN UP 9. RIH W/ PUMP AND RODS 10. RTP				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE Well Team Lead DATE 12/3/2003				
Type or print name Jim Pierce Telephone No. 505-677-3642				
(This space for State inse)				
APPPROVED BY LINE WILLIAM TITLE SUPERVISOR, DISTRICT II DATE DEC 1 9 2003 Conditions of approval, if any:				