Conditions of approval, if any:

## State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised May 08, 2003

District I 1625 N. French Dr., Hobbs, NM 87240	ſ	WELL API NO	•	<u> </u>
District II OIL CONSERVATION DIVIS	ION	30.015.01581		
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV	L	STATE IN FEE		
220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Empire Abo Unit "C"		
1. Type of Well:  Oil Well  Gas Well  Other	IVED	8. Well No.	34	
2. Name of Operator JAN 2	8 7004	9. OGRID Num	iber	
BP America Production Company OCD-A	RTESIA		00778	
3. Address of Operator		10. Pool name	or Wildcat	
P.O. Box 1089 Runica NM 88231 4. Well Location		Papire Abo		
Unit Letter <u>R</u> : 1650 feet from the <u>S</u>	ine and	2260 feet	from the W	line
Section 27 Township 178 Range	282	NMPM	County	Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature	of Notice,	Report, or Ot	her Data	
NOTICE OF INTENTION TO:		·	EPORT OF:	
	AL WORK		ALTERING C	asing [
TEMPORARILY ABANDON	NCE DRILLIN	IG OPNS. 🔲	PLUG AND ABANDONM	ENT
PULL OR ALTER CASING MULTIPLE CASING CEMENT	TEST AND JOB	: 🗆		
OTHER: OTHER:	MIT			X
<ol> <li>Describe proposed or completed operations. (Clearly state all pertinent of starting any proposed work). SEE RULE 1103. For Multiple Completi or recompletion.</li> </ol>		ve pertinent date wellbore diagrar	es, including estima n of proposed com	ted date
TD: 6176' CIBP: 5800' PERFS: 5987-6056'  01.13.04: Load and test csg to 520# psi. Held 30 mins. H witnessed by Gerry Guy, NMOCD Rsp.	eld OK. Ca	g;test	n of proposed com	
		7	antin m	U
BP America Production Company has evaluated this that there is workover potential in the Abo form	wellbore a	and has determ	mined M	
		nnission to n	etain TA	
status is therefore requested in order to implem Such a program will require interest owner appro		• -	ogram.	
som a brodram arrit radoria incarast owner abbic	var to bro	Age runding.		
			PROPERTY ADDRESS OF THE PERSON	proved
		E-81	<i> - 3-09</i>	
		1		
I hereby certify that the information above is true and complete to the best of my knowle	dge and belief.			
SIGNATURE FLUIS W. 4 HUNGS TITLE	Staff S	Aupport	DATE <b>01</b>	.22.04
Type or print name Kellie D. Murrish		Tel	ephone No. 505.3	394.1649
(This space for State use)	-11	1 -	1AAL O	0 2001
APPROVED BY TITLE	ald &	40 8	JAN 2	J ZUU4