

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>30.015.02601</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 'J'</b>
8. Well No. <b>28</b>
9. OGRID Number <b>000778</b>
10. Pool name or Wildcat <b>EMPIRE ABO</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>KB - 12'</b>

**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.)

1. Type of Well:  
 Oil Well  Gas Well  Other

2. Name of Operator  
**BP America Production Company**

3. Address of Operator  
**P.O. Box 1089 Eunice NM 88231**

4. Well Location  
 Unit Letter **H**: **1650** feet from the **N** line and **990** feet from the **E** line  
 Section **5** Township **18S** Range **28E** NMPM County **EDDY**

RECEIVED

SEP 13 2004

OCD-ARTESIA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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: 6310' PBD: 6280' PERFS: 6192-6218'  
 SET CIBP @ 6162' W/35' CMT ON TOP.  
 CIRC W/PKR FLUID  
 TEST TO 500# FOR 30 MINS. CUT CHART  
 IDLE WELL

Notify OCD **24 hours**  
 prior to test. 748-1283

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 09.10.04

Type or print name Kellie D. Murrish Telephone No. 505.394.1649

(This space for State use)  
 APPROVED BY [Signature] TITLE Field Rep DATE SEP 14 2004  
 Conditions of approval, if any