

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>30.015.01711</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 'G'</b>
8. Well No. <b>33</b>
9. OGRID Number <b>000778</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	
2. Name of Operator <b>BP America Production Company</b>	
3. Address of Operator <b>P.O. Box 1089 Eunice NM 88231</b>	
4. Well Location Unit Letter <b>L</b> : <b>330</b> feet from the <b>W</b> line and <b>1965.6</b> feet from the <b>S</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>3662' GR</b>	

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: 6340' PED: 6050' PERFS: 5802-5990'

SET CIBP @ 5770' W/35' CMT ON TOP.  
CIRC HOLE W/PKR FLUID  
PRESS UP ON CSG TO 500#. HOLD 30 MINS.  
CUT MIT CHART FOR STATE  
TA WELLBORE

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 10.08.04

Type or print name Kellie D. Murrish

Telephone No. 505.394.1649

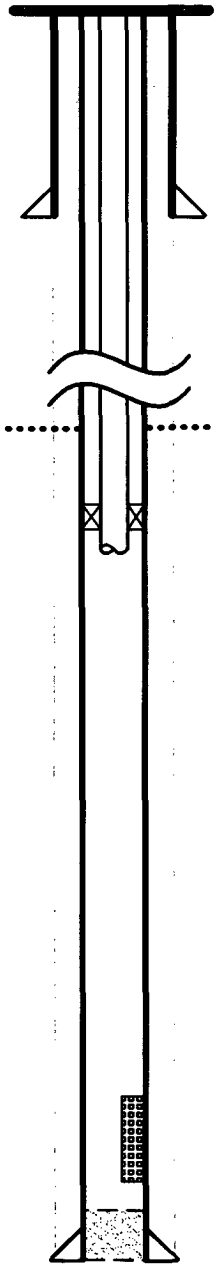
(This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE OCT 13 2004  
Conditions of approval, if any.

# Empire Abo Unit 'G' 33

Potential  
Perforation  
Zones

446'



--- KB at 3673' above sea level (Used as the Datum)  
Well is currently shut in

--- Top of Cement at 390'

--- 8-5/8" - 22.7# casing set at 1298' (11" hole)

--- Top of Abo at 5800'

--- PKR set at 5892'  
Tubing: 2 3/8" tubing, number and type  
of joints unknown

--- Perforations 6246' - 6286' w/ 2 JSFF

--- PBTD at 6303'

--- 4-1/2" - 9.5# casing set at 6340' (7 7/8" hole)