State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised May 08, 2003 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30.015.22767 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 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 EMPIRE ABO UNIT 'F' DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well No. 1. Type of Well: Oil Well X Gas Well Other RECEIVED 335 9. OGRID Number 2. Name of Operator OCT 1 2 2004 BP America Production Company 000778 10. Pool name or Wildcat 3. Address of Operator OCO: ARTERIA P.O. Box 1089 Eunice NM 88231 EMPIRE ABO 4. Well Location Unit Letter 2250 feet from the line and 570 feet from the line Section Township 17S Range **NMPM** County RODY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3664' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. 🗔 PLUG AND **ABANDONMENT** CASING TEST AND PULL OR ALTER CASING MULTIPLE COMPLETION CEMENT JOB OTHER: 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: 6350' PBD: 6052' PERFS: 5800-5988' SET CIBP @ 5770' W/35' CMT ON TOP Notify OCD 24 hours
Prior to test. 748-1283 CIRC HOLE W/PKR FLUID. PRESS UP ON CSG TO 500#. HOLD 30 MINS. CUT MIT CHART FOR STATE TA WELLBORE

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

SIGNATURE

TITLE

Scheduler

DATE

10.08.04

Type or print name

Rellie D. Murrish

Telephone No. 505.394.1649

(This space for State use)

APPROVED BY Conditions of approval, is

TITLE Juld Sup P

QCT 13 2004

## Empire Abo Unit 'F' 335

