

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

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised May 08, 2003

WELL API NO. 30-015-02628
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT 'K'
8. Well No. 23
9. OGRID Number 000778
10. Pool name or Wildcat EMPIRE ABO

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT 'K'
2. Name of Operator BP America Production Company	8. Well No. 23
3. Address of Operator P.O. Box 1089 Empira NM 88231	9. OGRID Number 000778
4. Well Location Unit Letter <u>J</u> : <u>2260</u> feet from the <u>S</u> line and <u>2269</u> feet from the <u>E</u> line Section <u>6</u> Township <u>18S</u> Range <u>27E</u> NMPM County <u>EDDY</u>	10. Pool name or Wildcat EMPIRE ABO

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND 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: 6310' PED: 6300' PERFS: 6280-6292

SET CIP 6330' W/35' CMT ON TOP
 CIRC HOLE W/PER FLUID
 TEST TO 500# FOR 30 MINS. COT CHART
 TITLE WELL

ATTACHMENT: WELLBORE SCHEMATIC EAD-K-23

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 SCHOLAR DATE 12.13.04

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

(This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE DEC 13 2004

Conditions of approval, if any: