	DEPARTMEN BUREAU OF		o re-enter an	FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007 5. Lease Serial No. <u>NMLC065478B</u> 6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side         1. Type of Well       Gas Well       Other         2. Name of Operator       BP America Production Company				7. If Unit or CA/Agreement, Name and/or No. NMNM70945X 8. Well Name and No. Empire Abo Unit 11 K 9. API Well No.
P.O. Box 1089 Eunice NM         88231         575-394-1648           4. Location of Well (Footage, Sec., T., R., M., or Survey Description)         NWSE, Section 3, T18S, R27E           1980 FSL & 1780 FEL				10. Field and Pool, or Exploratory Area Empire Abo 11. County or Parish, State Eddy NM
12.	CHECK APPROPRIATE	BOX(ES) TO INDIC	ATE NATURE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION				
Subsequent Subsequence Subsequ	of Intent uent Report bandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Fracture Treat     X     Rec       New Construction     Rec       Plug and Abandon     Ten       Plug Back     Wat	duction (Start/Resume) Water Shut-Off lamation Well Integrity complete Other hporarily Abandon ter Disposal uny proposed work and approximate duration thereof.
Attach the Bond u following completi testing has been co determined that the 03/07/08 - A	nder which the work will be pe	rformed or provide the Bond If the operation results in a r Notices shall be filed only a ction.)	d No. on file with BLM/BIA. Requised in the completion or recompletion for all requirements, including reclarant the location	ue vertical depths of all pertinent markers and zones. Jired subsequent reports shall be filed within 30 days in a new interval, a Form 3160-4 shall be filed once amation, have been completed, and the operator has
	G C Accepted for	12-17-18 r record - NMOCD	B	NM OIL CONSERVATION ARTESIA DISTRICT
· ·				DEC 1 2 2018 RECEIVED
Name (Printed/Typed)	he foregoing is true and correct		Title Area Operatio	RECEIVED
14. I hereby certify that t Name (Printed Typed Barry C.	he foregoing is true and correct		Area Operatio	RECEIVED
Name (Printed/Typed)	he foregoing is true and correct Price		Area Operatio Date 3/7/08	RECEIVED
Name (Printed/Typed)	he foregoing is true and correct Price		Area Operatio	RECEIVED

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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.
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