

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED  
OMB NO. 1004-0137  
Expires March 31, 2007

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

## 1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

AUG 19 2008

## 2. Name of Operator

BP America Production Company

OCD-ARTESIA

## 3a. Address

P.O. Box 1089 Eunice NM 88231

## 3b. Phone No. (include area code)

575-394-1600

## 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UL M, 986 FSL & 330 FWL  
SECTION 10, T18S, R27E

## 5. Lease Serial No

NMNM025604

## 6. If Indian, Allottee or Tribe Name

## 7. If Unit or CA/Agreement, Name and/or No.

NMNM70945X

## 8. Well Name and No.

Empire Abo Unit 9  
'P'

## 9. API Well No.

30-015-00862

## 10. Field and Pool, or Exploratory Area

Empire Abo

## 11. County or Parish, State

Eddy NM

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

## TYPE OF ACTION

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen                      | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat              | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction            | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Change Plans         | <input checked="" type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |   |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back                   | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

7/24/08: MOVED EQUIP. & SPOTTED ON LOCATION, R/U ON WELL. BLEED DN WELL PUMPED 135 BBLs BRINE DN CSG. TEST TBG. TO 600 PSI GOOD TEST. RODS PARTED @ BOTTOM POLISH ROD BROKE ON BOX L/D RODS & PUMP.

7/25/08: WELL ON VAC. N/D WELLHEAD N/U BOP, R/U FLOOR, RELEASE TAC. POOH WITH TBG. & BHA STRAPPING. RIH WITH 5.5 CIBP RIH SET @ 5699' LOAD & TEST CSG. 500 PSI GOOD TEST

7/28/08: CIRC. WELLBORE CLEAN. SPOT 25 SKS. 15.1 PPG CMT. ON CIBP. SET@ 5699' DISPLACED 20 BBLs. CIRC. 125 BBLs. 9.5 40 VIS. SALTWATER GEL. POOH L/D TBG. T-3336' POOH L/D CIBP SETTING TOOL. RIH M&P 25 SKS 14.9 PPG CMT. DISPLACE 11.5 BBLs. POOH WITH 12 STDS. REV OUT WOC

\* 7/29/08: RIH TAG CMT. @ 3065' POOH L/D TBG. T-1600'. M&P 25 SKS. CLASS C CMT. 15.1 PPG. DISPLACE 5.5 BBLs. POOH L/D TBG. OPEN 8 5/8" CSG R/U E/L CLEAN & GREASE RIG & EQUIP.

8/6/08: LINE SWEEP LOC AREA, DIG OUT AROUND WH & ANCHORS, CUT OFF WH & ANCHORS, WELD IN 1" VALVE & DRY HOLE MARKER, BACK FILL CELLAR & LEVEL LOC AREA.

\* Left info of report. Tag & Surf Plug

ACCEPTED FOR RECORD

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Barry C. Price

AUG 19 2008

Gerry Guye, Deputy Field Inspector

Area Operations Team Lead

NMOC-District II ARTESIA

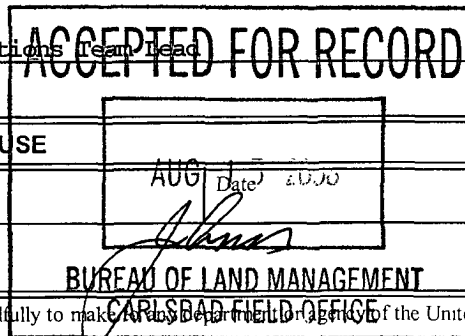
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office



Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction