State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30.015.01714 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 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-104) FOR SUCH PROPOSALS.) 8. Well No. 1. Type of Well: Qil Well **x** Gas Well Other 2. Name of Operator RECEIVED BP America Production Company 3. Address of Operator P.O. Box 1089 Funice NM 88231 Empire Abo

STATE **x** FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name: Empire Abo Unit "F" 34 9. OGRID Number 000778 10. Pool name or Wildcat 4. Well Location SI 21 21 21 10 **1958.54** __ feet from the _ 1952.97 Unit Letter _ feet from the line Tine and Section 17S Range 28E **NMPM** County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3667' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND PULL OR ALTER CASING **MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: MITT \mathbf{x} 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: 6257' PBD: 6224' CIBP: 60421 PERFS: 10.14.03: Load and test casing to 560# psi. Held 30 mins. Casing test witnessed by Mike Bratcher, NMOCD. Chart attached.

> BP America Production Company has evaluated this wellbore and has determined that these is production potential in the Abo formation. Permission to retain TA status is therefore requested in order to complete our current workover program and develop another workover program which will require interest owner approval to provide funding.

Temporery Abendonad States approved

Form C-103

Revised May 08, 2003

I hereby certify that the information above is true and complete to the	pest of my knowledge and belief.
SIGNATURE THERE & // Whensah	TITLE Sr. Administrative Assistant DATE 10.24.03
Type or print name Kellie D. Murrish	Telephone No. 505.394.1649

(This space for State use)

APPROVED BY Conditions of approval, if any Sold Lego P

