	s • • • •	,			
Submit 3 Copies To Appropriate District Office				Form C-103	
District I	Energy, Minerals and Natural Resources		Revised May 08, 2003 WELL API NO.		
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATIO	30.015.01581			
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE X		
1220 S. St. Francis Dr., Santa Fe, NM 87505	i		6. State Oil & Gas L 647	ease No.	
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 )			7. Lease Name or Unit Agreement Name: Empire Abo Unit "C"		
PROPOSALS.) 1. Type of Well: Oil Well 🔽 Gas Well 🗌	Other	RECEIVED	8. Well No. 34	<u> </u>	
2. Name of Operator		JAN 2 8 2004	9. OGRID Number		
BP America Production Com	pany	OCD ARTESIA	00077		
3. Address of Operator			10. Pool name or W	ildcat	
P.O. Box 1089 Eunice NM 8 4. Well Location	1823T		Empire Abo		
	1650 feet from the	S line and	2260 feat from	the <b>W</b> line	
Section 27		Range 28E		County Eddy	
	11. Elevation (Show whether	DR, RKB, RT, GR, etc 77' GR	c.) (2000000000000000000000000000000000000		
12 Check A	Appropriate Box to Indicate		Report or Other I	Data	
NOTICE OF INT	·· ·		SEQUENT REPO		
		REMEDIAL WORK		ALTERING CASING	
		COMMENCE DRILLI		PLUG AND	
				ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER:		OTHER: MIT		C	
13. Describe proposed or complet	ed operations. (Clearly state all	pertinent details, and g	vive pertinent dates, inc	·····	
	SEE RULE 1103. For Multiple	-			
'TD: 6176' CIBP: 5800'	PERFS: 5987-6056'				
01 13 04. Load and test	csg to 520# psi. Held 30	ming Held OK (	an test		
	erry Guy, NMOCD Rep.				
	duction Company has evalua				
	workover potential in the				
	efore requested in order t will require interest own			1.	
Such a program	WIII IQUIIE INCELESC OWN	er approvar co pro			
			5.50 / - /	13-04	
(	·····				
hereby certify that the information above	e is true and complete to the best of $(1, \sqrt{2})$	f my knowledge and belie	f.		
signature <u>Alle H</u> .	Munusl	TLEStaff	SupportD	ATE <b>01.22.04</b>	
Type or print name Kellie D. Mu	crish		Telephor	ne No. 505.394.1649	
This space for State use)	$\mathcal{O}$	AN	1 7	1AN 2 0 200	
APPROVED BY	Υ	TLE fill &	BO U	_JAN 2 9 200	
Conditions of approval, if any:	<u> </u>			.TE	
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