

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-01735

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT "E"

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

BP America Production Company

8. Well No.

39

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat

EMPIRE ABO

4. Well Location

Unit Letter KB: 660 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section

35

Township

17S

Range

28E

NMPM

EDDY

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3579' GR

11.

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: MIT ☒

12. 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.

TD: 6350' PBD: 6324' PERFS: 6210-6230' CIBP: 6150.41'

12.17.02: Load & test well to 500# psi. Held 30 mins.
Mike Bratcher NMOCD witnessed test.
Retain wellbore for future use.
Chart attached.

Temporary Abandoned Status approved
until 12-27-07

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Kellie D. Murrish

TITLE Sr. Administrative Assistant

DATE 12.18.02

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505.394.1649

(This space for State Use)

APPROVED BY

[Signature]

TITLE

[Signature]

DATE

DEC 27 2002

CONDITIONS OF APPROVAL, IF ANY



