APPROVED BY.

CONDITIONS OF APPROVAL, IF ANY:

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form Revis

(CIRP
C-103 sed 1-1-89	

DISTRICT I ACCOUNTS	SERVATIO	N DIVISION			V
P.O. Box 1980/10 bbs NM 88241-1980	2040 Pacheco St.		WELL API NO.		
DISTRICT II 487 S. P.O. Drawer DD, Artesia, MM 88210	Santa Fe, NM 87505		30-015-22634 5. Indicate Type of Lease		
DISTRICKIO-				STATE X	FEE 🗆
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga	as Lease 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"		7. Lease Name or Unit Agreement Name			
(FORM C-101) FOR SUCH PR	OPOSALS.)		EMPIRE ABO U	JNIT "H"	
OIL GAS WELL WELL	OTHER				
2. Name of Operator			8. Well No.		
BP America Production Company 3. Address of Operator		9. Pool name or Wildcat			
P.O. Box 1089, Eunice, NM 88231			EMPIRE ABO		
4. Well Location Unit Letter N : 800 Feet From The	S	Line and 1340	O Feet From	m The W	Line
			100110	-	Line
Section 33 Township 17S Range 28E			NMPM	EDDY V///////////////////////////////////	County
	3	665.6' GR			
11. Check Appropriate Bo			_		
NOTICE OF INTENTION TO:		SUBS	SEQUENT I	REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND AB	ANDON RE	EMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLAI	NS 🗆 c	OMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB				
OTHER:		THER: TA & MIT			X
12. Describe Proposed or Completed Operation Clearly state	e all pertinent detail	s, and give pertinent d	ates, including e	stimated date of starting	or any propose
work) SEE RULE 1103.	- was parameter actually	o, and give permient d	ares, meraaring es	stiniated date of startif	ig any proposei
TD: 6325' PERFS: 6195' PENGO TOOL W	SLIDING SLEEVE	CIBP @ 6180.11'			
11/08/02: Load and press test to 560#	. Held 30 mins	s. Test witness	ed by Phil		
Hawkins, OCD.					
Retain wellbore for future u	ise and uphole p	ootential.			
			Temporary Abando	oned Status approved	
				7-07	
1					
I hereby certify that the information above is true and complete to the	n host of market and a	and belief			
SIGNATURE Vichi Owens	, ,	and beller. Administrative As	ssistant	DATE 11/12	2/02
TYPE OR PRINT NAME Vicki Owens				TELEPHONE NO. 505-3	
(This space for State Use)	<u> </u>	1 -(11 1)	a 10		2 7-1000
(This space for State Ose)		SUIC BY	A E	NOV 19	2002

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