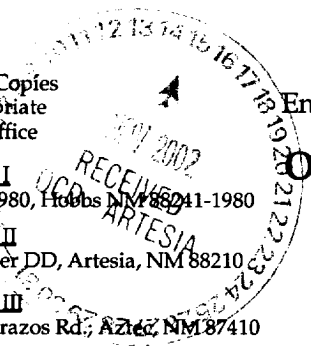
Submit 3 Copies to Appropriate District Office

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



State of New Mexico
Energy, Minerals and Natural Resources Department

C/SP

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-22772

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas 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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT "F"

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: BP America Production Company

8. Well No. 375

3. Address of Operator: P.O. Box 1089, Eunice, NM 88231

9. Pool name or Wildcat: EMPIRE ABO

4. Well Location
Unit Letter E : 1780 Feet From The N Line and 1175 Feet From The W Line

Section 35 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3681.2' GR

11. **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 [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: TA & MIT [X]	

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 PERFS 6220-6240' CIBP @ 6193.55'

11/11/02: Load well and press test to 555# held 30 mins.
NMOCD notified by did not witness test.
Retain wellbore for future use and uphole potential.

Temporary Abandoned Status approved until 11-11-07

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

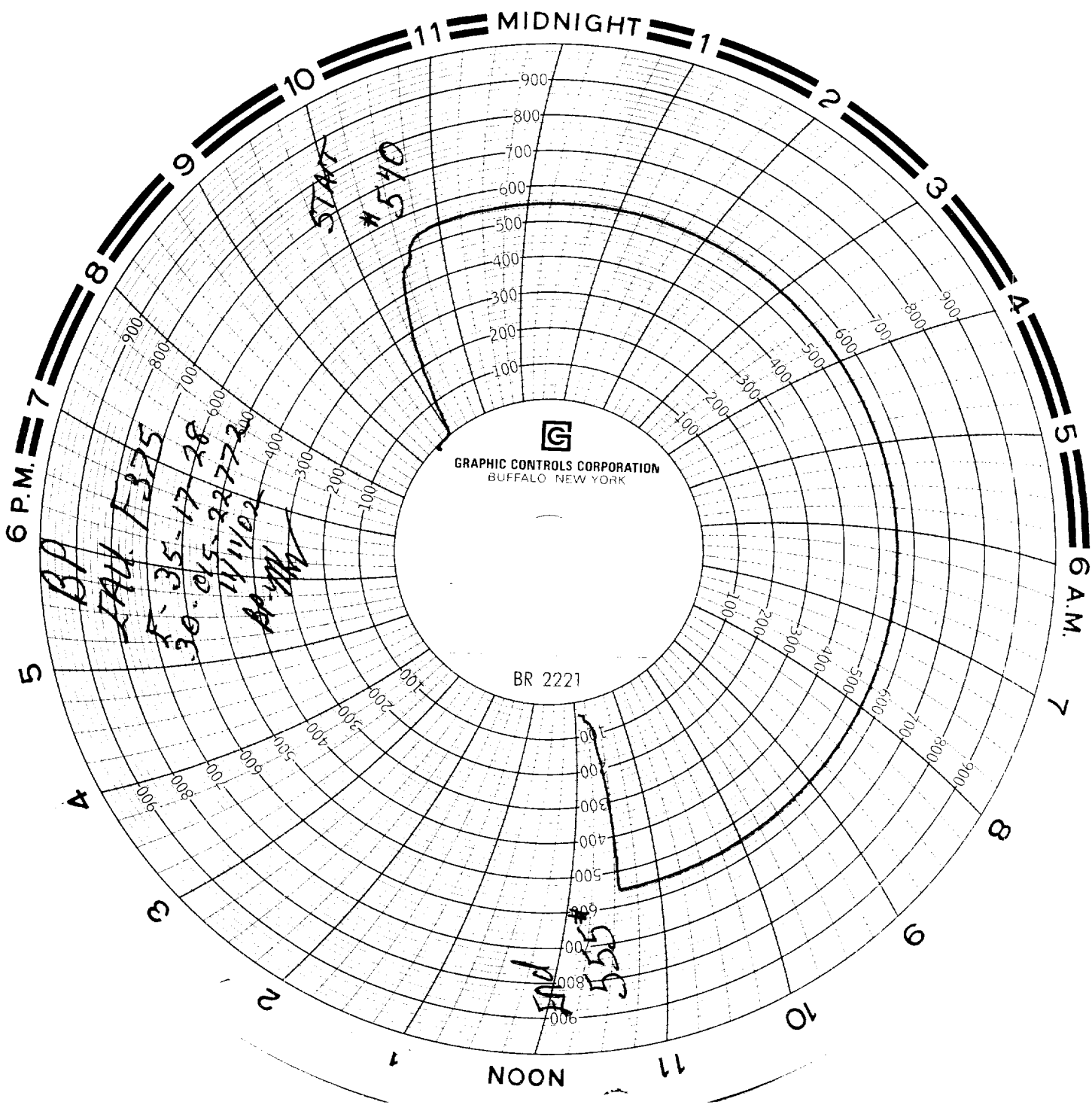
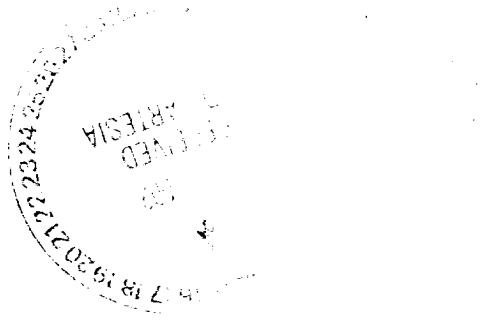
SIGNATURE Vicki Owens TITLE Administrative Assistant DATE 11/12/02

TYPE OR PRINT NAME Vicki Owens TELEPHONE NO. 505-394-1650

(This space for State Use)

APPROVED BY TITLE DATE NOV 19 2002

CONDITIONS OF APPROVAL, IF ANY:


MIDNIGHT
NOON
6 P.M.
6 A.M.
GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK
BR 2221
START
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IAU F375
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11/11/02
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