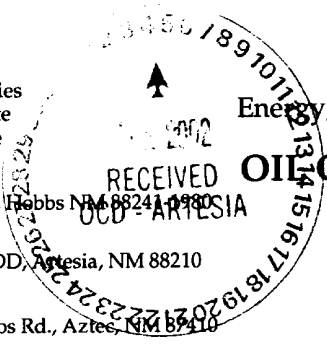


Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form 2-103 Revised 1-89

DISTRICT I P.O. Box 1980, Hobbs NM 88241
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. 30-015-22820
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No. B-2071-23
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "F"
8. Well No. 363
9. Pool name or Wildcat EMPIRE ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3663.3' GR

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.)

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER [ ]
2. Name of Operator BP America Production Company
3. Address of Operator P.O. Box 1089, Eunice, NM 88231
4. Well Location Unit Letter H ; 2250 Feet From The N Line and 1250 Feet From The E Line
Section 34 Township 17S Range 28E NMPM EDDY County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [ ], TEMPORARILY ABANDON [ ], PULL OR ALTER CASING [ ], OTHER [ ]
SUBSEQUENT REPORT OF: REMEDIAL WORK [ ], COMMENCE DRILLING OPNS. [ ], CASING TEST AND CEMENT JOB [ ], OTHER: Repair Casing/Run 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: 6220-6230' CIBP @ 6190'
03.14.02: MIRUPU. NDWH. NUBOP. RIH w/pkr to PBD. Press test csg, found hole @ 112.53' FS.
03.15.02: RU cmt truck. Pmp 100 sxs Class "C" Neat w/2% Calcium Chloride. Squeeze @ 300#. Shut down 72 hours.
03.18.02: MIRU Reverse Unit. Drill out cmt.
03.21.02: Pressure test csg to 580#, held OK. Contacted NMOCD. Ran MIT. Chart attached. Well Temporarily Abandoned.
Temporary Abandoned Status approved until 3-21-03

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 04.02.02
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505.394.1649

(This space for State Use)
APPROVED BY [Signature] TITLE [Signature] DATE APR 5 2002
CONDITIONS OF APPROVAL, IF ANY:

