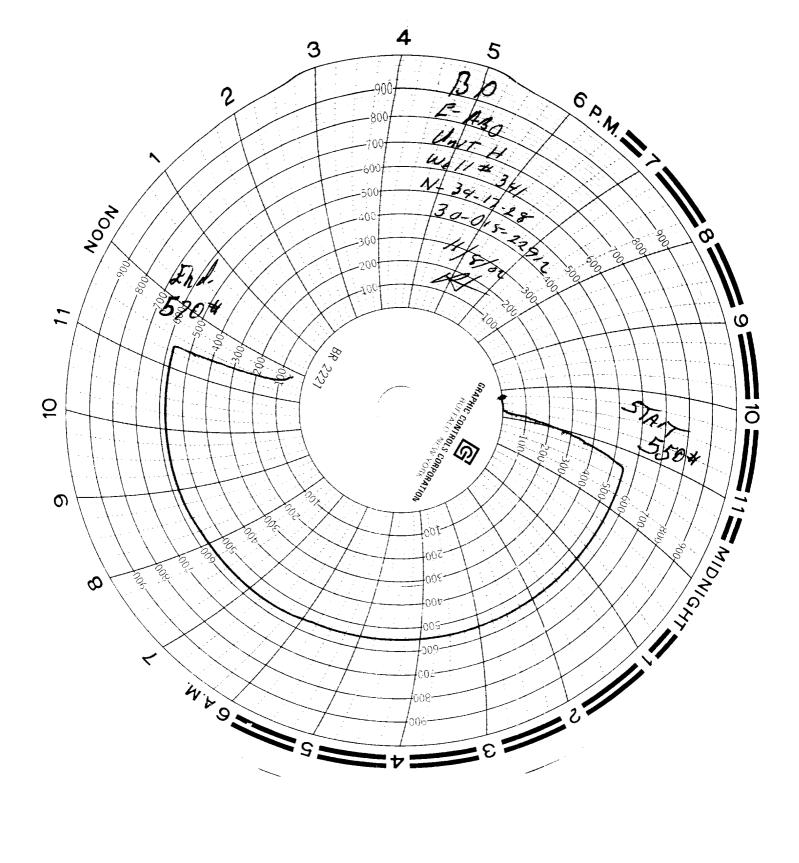
			C/3/~
Submit 3 Copies 2 13 14 75 to Appropriate District Office	State of New M Energy, Minerals and Natu		
DISTRICT I P.O. Box 1980, 1980 to NR 198241-1980	OIL CONSERVATION 2040 Pacheco	o St.	WELL API NO. 30-015-22912
P.O. Drawer DD, Arthura NM 88210	Santa Fe, NM	67505	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUMPRY NOTIC	CES AND REPORTS ON WE	ELLS	
(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 "H"
1. Type of Well: OIL GAS WELL X WELL	OTHER		
2. Name of Operator BP America Production Company			8. Well No. 341
3. Address of Operator P.O. Box 1089, Eunice, NM 88231			9. Pool name or Wildcat EMPIRE ABO
4. Well Location Unit Letter N : 2500	Feet From The W	Line and120	rectron ne
Section 34	Township 17S Rail 10. Elevation (Show wheth		NMPM EDDY County
	/////	3660.9' GR	
11. Check App NOTICE OF INTE	_	I .	ce, Report, or Other Data SEQUENT 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 CE		MENT JOB	
OTHER:	OTHER: TA & MIT		X
Describe Proposed or Completed Operwork) SEE RULE 1103.	ation#Clearly state all pertinent de	tails, and give pertinent o	dates, including estimated date of starting any propo
TD: 6350' PERFS: 6205-6	225' CIBP @ 6139.8'		
11/08/02: Load and press	test to 570#. Held 30 mi	ns. Test witnesse	ed by

Phil Hawkins, OCD.

Keep wellbore for future use and uphole potential.

	Temporary Abandoned States approved unit 11-08-07	
I hereby certify that the information above is true and complete to the 1	est of my knowledge and belief.	
SKCNATURE Vichi Oweno	TITLE Administrative Assistant	DATE11/12/02
TYPE OR PRINT NAME VICKI OWENS		TELEPHONE NO. 505-394-1650
(This space for State Use)	Suld Sep P	NOV 19 2002
APPROVED BY	TILE	DATE
CONDITIONS OF APPROVAL, IF ANY:		



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