

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

BP America Production Company

3. Address and Telephone No.

P.O. Box 1089, Eunice, NM 88231

505-394-1649

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

E, 2310' FNL & 990' FWL

Sec. 3-18S-27E

5. Lease Designation and Serial No.

LC-028805-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910138010

8. Well Name and No.

Empire Abo Unit "J" 9

9. API Well No.

30-015-00750

10. Field and Pool, or exploratory Area

Empire Abo

11. County or Parish, State

Eddy

NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other Workover
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD: 5665' PBD: 5636' PERFS: 5390-5460'

MIRUPU. NDWH. NUBOP.

Drop SV and set in SN @ 5346'. POH

Chemically cut tbq above pkr.

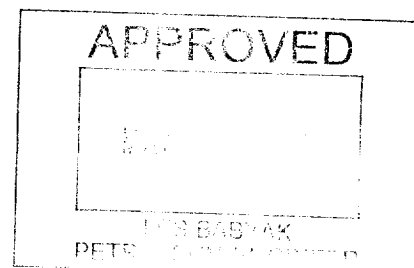
GIH w/overshot to top of fish.

Swab well down to SN. Kill well if necessary. Catch fish.

RI's pkr @ 5354'. POH

RIH w/production assy. NDBOP. NUWH.

Swab for test. Return well to production.



14. I hereby certify that the foregoing is true and correct

Signed

Title Sr. Administrative Assistant

Date 05.16.02

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

