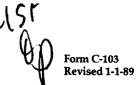
Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I	OIL CONSERVAT	ION DIVISION		
P.O. Box 1980, Hobbs NM 88241-1980	bbs NM 88241-1980 2040 Pacheco St.		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, N	M 87505	30-015-22051 5. Indicate Type of Lease	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE 6. State Oil & Gas Lease No. B-8814-12	
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 "K"	
1. Type of Well: OIL GAS WELL WELL WELL	OTHER			
2. Name of Operator BP America Production Compar	ıy		8. Well No. 141	
3. Address of Operator P.O. Box 1089, Eunice, NM 8			9. Pool name or Wildcat EMPIRE ABO	
4. Well Location Unit Letter K : 1370	Feet From The S	Line and244	5 Feet From The W	_ Line
Section 2		Range 27E ether DF, RKB, RT, GR, etc 3521'GL		County
11. Check Aı	opropriate Box to Indic		ce, Report, or Other Data	
NOTICE OF IN	• •		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONME	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER: Workover		OTHER:		🗆
12. Describe Proposed or Completed C work) SEE RULE 1103.	perationsClearly state all pertinent	details, and give pertinent	dates, including estimated date of starting a	ny proposed
TD: 6203' PBS: 6155'	PERFS: 5880-5951'		STATIB 1920 27 22 23 33 PRECEIVED SIA RECEIVED SIA RECEIVE SIA RECEIVED SIA RECEIVED SIA RECEIVED SIA RECEIVED SIA RECEIVE	
MIRUPU. POH w/rods & pm	ip. NDWH. NUBOP.		17181920 E1 25 33	_
Release TAC @ 5866'.	DTN		2 K 20 5	3/
RIH w/bit & scraper to F Perf w/2 JSPF 5716-5850'			12 10 10	50
PPI perfs w/50 gals/ft.			2 CELLEN	272
GIH w/production assy.	Swab for test. Return we	ell to production.	RE. Al.	ჯა/
			Sold of the sold o	,9/
			RECEIVE SIA OCO. ARTESIA OCO. ARTESIA	
	_		0.00	
I hereby certify that the information above is	s true and complete to the best of my kno	wledge and belief.	And the state of t	
SKINATURE COLLEGE COLL	(n)	TILE Sr. Administrat	ive Assistant DATE 05.16.0	12
TYPEOR PRINT NAME Kellie D. Mur			TELEPHONE NO. 505,394.	1649
(This space for State Use)	DRIGINAL SIGNED BY TIM DISTRICT H SUPERVISOR	W. GUM	100 a 300	k
APPROVED BY		TITLE	DATE	