			clst
Submit 3 Copies to Appropriate	State of New Me Energy, Minerals and Natura	l Resources Depa	21
District Office	OIL CONSERVATIO	N DIVISION St.	WELL API NO. 30.015.22952
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
	TICES AND REPORTS ON WE	LS	X/////////////////////////////////////
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	OTHER		8. Well No.
2. Name of Operator			142
BP America Production Company			9. Pool name or Wildcat
3. Address of Operator P.O. Box 1089 Eunice, NM 88231			Empire Abo
4. Well Location Line and 27E Feet From The Line			
Unit Letter:	rectribut 1300	1.1	PAGENTA Eddy County
Section Township 1400 Range NMTM 10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF I	NTENTION TO:	SUE	BSEQUENT REPORT OF:
লে	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	CEMENT JOB L
Workover		OTHER:	
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: 6150' PBD: 608	L' PERFS: 6035-6075' OH		N 18 1920 212 22 23 23 23 23 23 23 23 23 23 23 23 23
MIRUPU. POH w/rods & Release TAC @ 5986' RIH w/bit & scraper. Perfs w/2 JSPF 5518-5 PPI perfs w/50 gals/f GIH w/production assy	880'. t. 15% HCL NEFE.	Il to production.	RECURRIED RECURRATION OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNE

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

SIGNATURE

SIGNATURE

TYPE OR PRINT NAME Kellie Do Murrish

ORIGINAL SIGNED BY TIM W. GUM

DATE

DATE

DATE

DATE

DATE

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: