Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised May 08, 2003 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30.015.01556 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE IX FEE Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Empire Abo Unit 'C' DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) RECEIVED 8. Well No. 1. Type of Well: Oil Well X Gas Well Other 40 APR 0 2 2004 2. Name of Operator 9. OGRID Number OCD-ARTESIA BP America Production Company 000778 10. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Funice NM 88231 Empire Abo 4. Well Location 1650 feet from the ____ S line and 660 feet from the line Township Section 28E **NMPM** County 26 17S Range EDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3656' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: 13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. TD: 6317' PBD: 6287' PERFS: 6060-6162' MIRUPU. NDWH. NUBOP SET CIBP @ 6300' PERF 1 JSPF 5672, 5691, 5706, 5770, 5785, 5802, 5818, 5828, 5840, 5849, 5862, 5872 5912, 5932, 5940, 5976, 5985. ACIDIZE PERFS W/4500 GALS 15% HCL USING PPI TOOLS RETURN WELL TO PRODUCTION

I hereby certify that the information above is true and complete to the	e best of my knowledge	and belief.		
SIGNATURE Kiesie D. Munish	TITLE	Staff Support	DATE _	04.01.04
Type or print name Kellye D. Murrish			Telephone No.	505.394.1649
(This space for State use) APPROVED BY	Distre	dsignin	DATE	APR 0 5 200

APPROVED BY Conditions of approval, if any: