Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR DUBEAULOELAND MANAGEMENT

OCD-Artesian

FORM APPROVED OMB NO. 1004-0135 Expires January 31, 2004

BUREAU OF LAND MANAGEMENT				C. L. C. '111	
SUNDRY NOTICES AND REPORTS ON WELLS				5. Lease Serial No.	
Do not use this form for proposals to drill or to re-enter an				NM031186 6. If Indian, Allottee or Tribe Name	
abandoned well. Use Form				o. II mani, rino	tion of Trion Name
SUBMIT IN TRIPLICATE - 0	Other instructions on I	reverse side REC	EIVED	7. If Unit or CA/	Agreement, Name and/or N
1. Type of Well X Oil Well Gas Well Other	<u> </u>				d No.
Name of Operator OCD-ARTESIA				Empire Abo Unit 6	
BP America Production Company 3a. Address	P America Production Company				
P.O. Box 1089 Eunice NM 88231	505.394.1600		30.015.00838 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey L			Empire Abo	or or Exploratory Area	
UL C, 990' FNL & 2310' FWL					
Section 9, T18S, R27E			11. County or P	•	
40 OUECK APPROPRIATE	DOV/FOX TO INDIOA	FE NATURE OF N	OTIOE DED	i Eddy	NM NM
12. CHECK APPROPRIATE	BOX(ES) TO INDICA	<u> </u>		JRI, OR OTH	ERDAIA
TYPE OF SUBMISSION	TYPE OF ACTION				
X Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off
_	Alter Casing	Fracture Treat	Reclamatio	n [Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete	. [Other
Final Abandonment Notice	Change Plans	Plug and Abandon	X Temporaril	y Abandon	
	Convert to Injection	Plug Back	Water Disp	osal	
following completion of the involved operations. It testing has been completed. Final Abandonment N determined that the final site is ready for final inspection: 5670' PED: 5641' PERFS: MIROPU. NOWH. NUBOP. RIH w/CIBP. Set @ 5273'. Dump 28' cmt on top of CIBP. Load & test csg w/ pkr fluid to 5' TA wellbore. Hold wellbore for future interest for workover potential.	lotices shall be filed only after tion.) 5330-5420 00# psi. Hold for	er all requirements, inclu	ding reclamatio	n, have been com	pleted, and the operator ha
14. I hereby cortify that the foregoing is true and correct Name (Printed Typed) Kellie D. Murrish		Title Staff S	pport		
There D. Il human	Date 01.06.04				
THIS	SPACE FOR FEDERA				
Approved by /s/ Joe G. Lara		Title Pet E	285	Date	415/04
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	those rights in the subject les	Title Pet E	0		

WELLBORE SCHEMATIC

