Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

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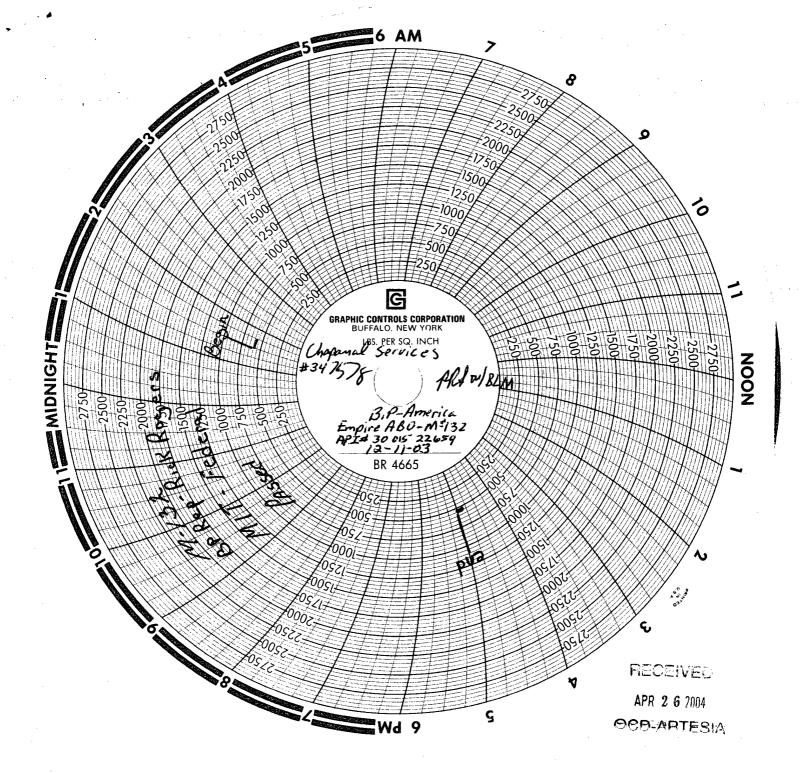
FORM APPROVED OMB NO. 1004-0135 Expires January 31, 2004

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

LC067858

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side				6. If Indian, Allottee or Tribe Name		
				7. If Unit or CA/Agreement, Name and/or N		
1. Type of Well X Oil Well Gas Well Other 2. Name of Operator BP America Production Company 3a. Address P.O. Box 1089 Eunice NM 88231 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter D, 625' FNL & 175' FWL		APR 2 G 2004 PED-ARTESIA 3b. Phone No. (include area code) 505.394.1600		8. Well Name and No. Empire Abo Unit 132 "M" 9. API Well No. 30.015.22659 10. Field and Pool, or Exploratory Area Empire Abo 11. County or Parish, State		
Section 11, T18S, R27E				Eddy NM		
12. CHECK APPROPRIATE	BOX(ES) TO INDIC	CATE NATURE OF I	NOTICE, REPO	ORT, OR OTHER	DATA	
TYPE OF SUBMISSION		TYF	PE OF ACTION			
Subsequent Report Final Abandonment Notice Third Abandonment Notice 13. Describe Proposed or Completed Operation (clearly of the proposal is to deepen directionally or recompleted the Bond under which the work will be perfollowing completion of the involved operations. It testing has been completed. Final Abandonment I determined that the final site is ready for final inspection of the second of the se	blete horizontally, give substformed or provide the Bol (if the operation results in a Notices shall be filed only ction.) 5912-5932' pkr; 60# psi. Held 30: Xerox copy of cha company has evalua potential in the requested to compary workover progressions.	arface locations and meand No. on file with BLM. multiple completion or reafter all requirements, inc 5880' mins. Held OK. rt attached. ted this wellbore Abo formation. I lete the present	Reclamation Recomplete Recomplete Temporarily Water Disp In g date of any pro- sured and true vert BIA. Required sta completion in a n luding reclamation Casing test and has de Permission t workover an	y Abandon osal posed work and appropriate depths of all pertiabsequent reports shall ew interval, a Form 3 in, have been complete termined or retain d PA program.	ment markers and zones I be filed within 30 day 160-4 shall be filed one ad, and the operator ha	
			12111	<u>04</u>	<u>D</u>	
14. I hereby certify that the foregoing is true and correct		Title	chea tot tec	ord - NMOCD	·- ·- · · · · · · · · · · · · · · · · ·	
14. I hereby certify that the foregoing is true and correct Name [Printed/Typed] Kellie D. Murrish			Support			
There H. Duns		Date 01.05.04				
	SPACE FOR FEDE		ICE USE	_		
Approved by /s/ Joe G. La	ora	Title De,	t. 9.2.	Date 4	123104	
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	ant or Office C.	ARLSBAÏ	FIELD OF	FICE	



Accepted for record - NMOCD