Form 3160-5 (September 2001)

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

OCD-ARTESIA

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

Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				5. Lease Serial No.  NM025604  6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side RECEIVED				7. If Unit or CA/Agreement, Name and/or No	
Type of Well  A Oil Well Gas Well Other  Name of Operator  BP America Production Company  a. Address  P.O. Box 1089 Eunice NM 88231  Location of Well (Footage, Sec., T., R., M., or Survey Description)  UL D, 1300' FNL & 1220' FWL  SECTION 11, T18S, R273		MAY 0 5 7004  ORD-ARTESIA  3b. Phone No. (include area code) 505,394.1649		8. Well Name and No. EMPIRE ABO UNIT 901  1M1  9. API Well No. 30.015.22097  10. Field and Pool, or Exploratory Area EMPIRE ABO  11. County or Parish, State	
12. CHECK APPROPRIATE	BOX(ES) TO INDICATI	E NATURE OF NOT	TICE, REP	<u>l Eddy</u> ORT, OR OTI	HER DATA
TYPE OF SUBMISSION	· · ·		F ACTION		
potential in all wells made to either workove	plete horizontally, give subsurfactormed or provide the Bond N of the operation results in a multivotices shall be filed only afterction.)  1699-5874'. PKR: 54  1 to 560# psig. Held witness test.  1 to requests permisonly is currently being within SENM. Upon	ce locations and measured of on file with BLM/BLM bitple completion or recommall requirements, including 50° and 50° and 50° are significant to retain Tang utilized to example tion, recompletion, recompletion, recompletion, recompletion, recompletion, recommon to the significant to example tion, recompletion,	Reclamation Recomplet Recomplet Temporari Water Disp ate of any product and true ver Required substitution in a ring reclamation  CK. Notification  A status valuate prominendation	ity Abandon  posal  oposed work and rtical depths of a subsequent report new interval, a Fon, have been co  iffied  of this production  ons will be	Il pertinent markers and zones. ts shall be filed within 30 days orm 3160-4 shall be filed once
14. Thereby certify that the foregoing is true and comments	1 7	Title			
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  Kellie D. Murrish	[ '	Staff Sup	port	_	
Time (1/97 June 1	I	Date 03.17.04			
THIS	SPACE FOR FEDERAL	. OR STATE OFFICI	E USE		
Approved by /s/ Joe G. La		Title Pot. 9	ne.	Da	ste 5/4/04
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 leas	Office CAI	0	D FIELD	OFFICE

