

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised May 08, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30.015.01671
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT 'F'
8. Well No. 25
9. OGRID Number 000778
10. Pool name or Wildcat EMPIRE ABO

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.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	RECEIVED
2. Name of Operator BP America Production Company	AUG 18 2004
3. Address of Operator P.O. Box 1089 Eunice NM 88231	OCD-ARTESIA
4. Well Location Unit Letter E : 977.87 feet from the W line and 2280.11 feet from the N line Section 32 Township 18S Range 28E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3704' RDB	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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: 6012' PBD: 5933' PERFS: 5611-5770'

MIRUPU. NDWH. NUBOP. POH W/TBG.

RUWL & SET CIBP W/35' CMT ON TOP.

RIH W/TBG & CIRC PKR FLUID.

PRESS TEST CSG TO 500# FOR 30 MINS W/CHART

POH W/TBG. RDCU.

Notify OCD 24 hours
prior to test. 748-1283

Set CIBP @ 5580'

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

SIGNATURE Kellie D. Murrish TITLE Staff Support DATE 08.17.04

Type or print name Kellie D. Murrish

Telephone No. 505.394.1649

(This space for State use)

APPROVED BY [Signature] TITLE Wild Sup ID DATE AUG 19 2004
Conditions of approval, if any: