

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. 30.015.01651
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-7966
7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT 'G'
8. Well No. 22
9. OGRID Number 000778
10. Pool name or Wildcat EMPIRE ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3687' RKB

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	2. Name of Operator BP America Production Company
3. Address of Operator P.O. Box 1089 Eunice NM 88231	4. Well Location Unit Letter K : 1650 feet from the S line and 2387.22 feet from the W line Section 31 Township 17S Range 28E NMPM County EDDY
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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: 6046' PED: 6040' PERFS: 5800-5870'

SET CIBP@ 5770' W/35' CMT ON TOP
CIRC PKR FLUID
TEST TO 500# FOR 30 MINS. CUT CHART.
EXPIRING TA

Notify OCD **24 hours**
prior to test. 748-1283

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

SIGNATURE Kellie D. Murrish TITLE Scheduler DATE 09.10.04

Type or print name Kellie D. Murrish Telephone No. 505.394.1649

(This space for State use)

APPROVED BY [Signature] TITLE Wild Sep P DATE SEP 14 2004
Conditions of approval, if any: