

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. 30.015.01753
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-11593
7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT 'E'
8. Well No. 37
9. OGRID Number 000778
10. Pool name or Wildcat EMPIRE ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3689' DF

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	RECEIVED SEP 13 2004 OCD-ARTESIA
2. Name of Operator BP America Production Company	
3. Address of Operator P.O. Box 1089 Eunice NM 88231	
4. Well Location Unit Letter D : 660 feet from the W line and 660 feet from the N line Section 35 Township 17S Range 28E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3689' DF	

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: 6310' PED: 6300' PERFS: 6280-6292'

6230'

SET CIBP @ **6069'** W/35' CMT ON TOP.

CIRC PKR FLUID

TEST TO 500# FOR 30 MINS. CUT CHART.

IDLE WELL

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 Scheudler 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 ID DATE SEP 14 2004
Conditions of approval, if any: