State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised May 08, 2003 District I WELL API NO. 1625-N.-French Dr., Hobbs, NM 87240 30.015.01716 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE x FEE  $\square$ 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 B-7116 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A EMPIRE ABO UNIT 'E' DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well No. 1. Type of Well: RECEIVEL Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number OCT 1 2 2004 BP America Production Company 000778 OUD:ARTERIA 3. Address of Operator 10. Pool name or Wildcat P.O. Box 1089 Eunice NM 88231 EMPIRE ABO 4. Well Location Unit Letter \_\_\_\_\_B **1967.24** feet from the\_\_\_\_ 860.27\_\_\_ feet from the \_\_\_\_\_ N line and line Township Range 28E **NMPM** County EDDY Section 17S 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3685' RT 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND

						ABANDONMENT	
PULL OR ALTER CASING	3 🗆	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB			
OTHER:				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: 6250' PBD:	61341	PERFS: 5770-591	5'				
SET CIBP @ 5740' W/35' CMT ON TOP CIRC HOLE W/PKR FLUID PRESS UP ON CSG TO 500# PSI. HOLD FOR 30 MINS. CUT MIT CHART FOR STATE TA WELLBORE							
				Notify (	OCD <u>24</u>	hours	
				Notify OCD <u>24 hours</u> prior to test. 748-1283			
	1	`					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE J	ich.	Musist	/ TIT	LE Scheduler	•	DATE10.08.04	4
Type or print name Kel	lie D. Mur	rish			Teleph	one No. 505.394.16	649
(This space for State use)  APPROVED BY_ Conditions of approval, if		<b>C</b>	TIT	TLE JULY	p P	PA <b>UCT 13 20</b>	04

## Empire Abo Unit 'E'35

Potential Perforation Zones

