

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

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

Form C-103
Revised May 08, 2003

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.)		WELL API NO. 30.015.00901
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator BP America Production Company		6. State Oil & Gas Lease No. 2029
3. Address of Operator P.O. Box 1089 Eunice NM 88231		7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT 'Q'
4. Well Location Unit Letter D : 660 feet from the N line and 990 feet from the W line Section 16 Township 18S Range 27E NMMP County EDDY		8. Well No. 5
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3484' GR		9. OGRID Number 00778
		10. Pool name or Wildcat EMPIRE ABO

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 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: TA & MIT <input checked="" type="checkbox"/>

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: 5780' PED: 5668' PERFS: 5396-5610'

12.15.04: MIRUPU. RD RODS. NDWH. NUBOP. POH W/TBG.

12.16.04: RIH W/BIT & SCRAPER TO 5480'. POH.

12.20.04: RUWL. SET CIBP @ 5366' . DUMP 35' CMT ON TOP OF CIBP.

12.21.04: RIH W/TBG. DISPLACE HOLE W/PKR FLUID. TEST TO 500# PSI FOR 30 MINS.

HELD OK. CHART ATTACHED. NOTIFIED OCD BUT DID NOT WITNESS.

12.22.04: NDBOP. NUWH. WELL TA

Temporary Abandoned Status approved

and 12-21-09

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

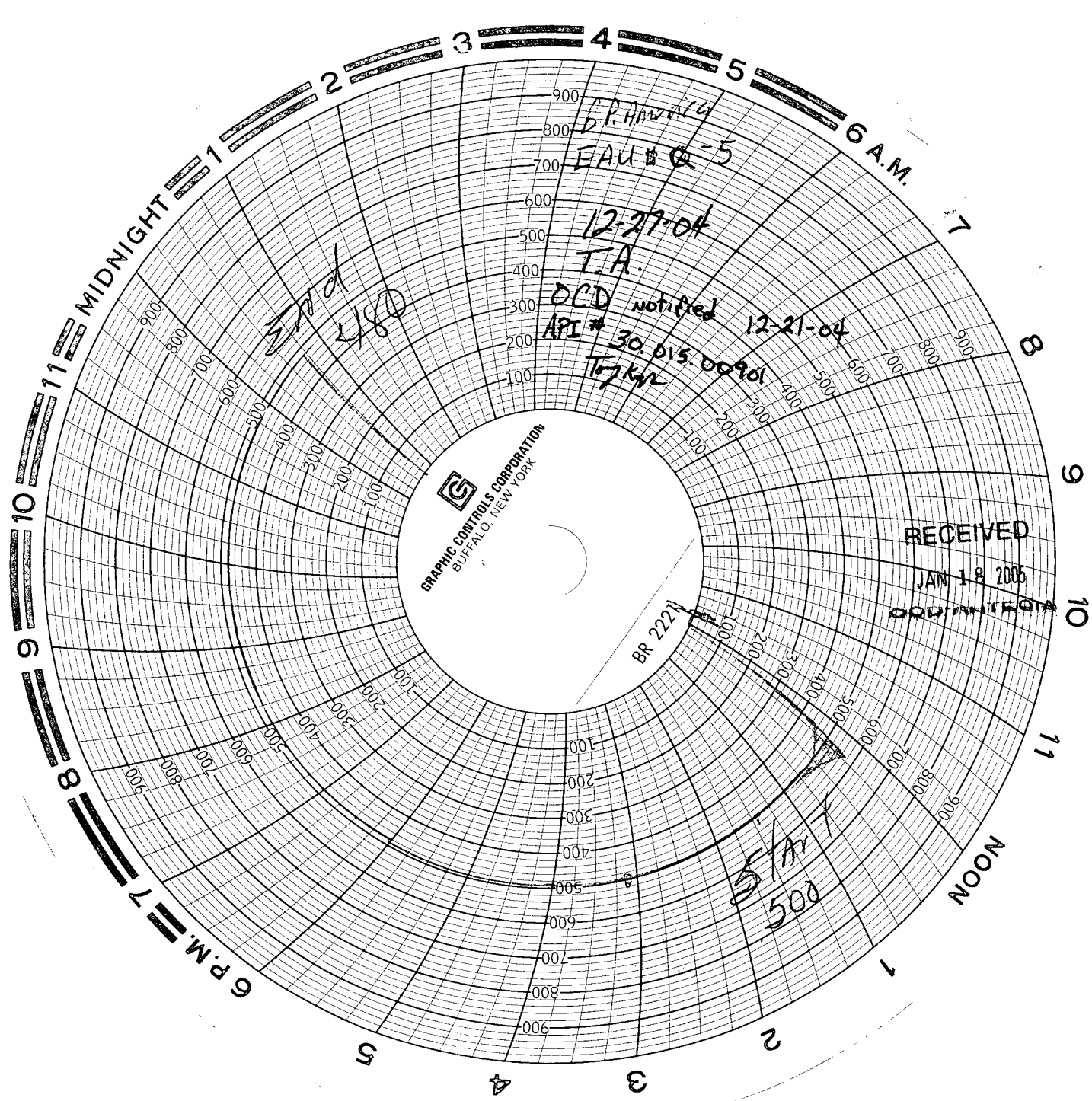
SIGNATURE Kellie D. Murrish TITLE Scheduler DATE 01.13.05

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

(This space for State use)

APPROVED BY [Signature] TITLE [Signature] DATE FEB 2 2005

Conditions of approval, if any: [Signature]



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