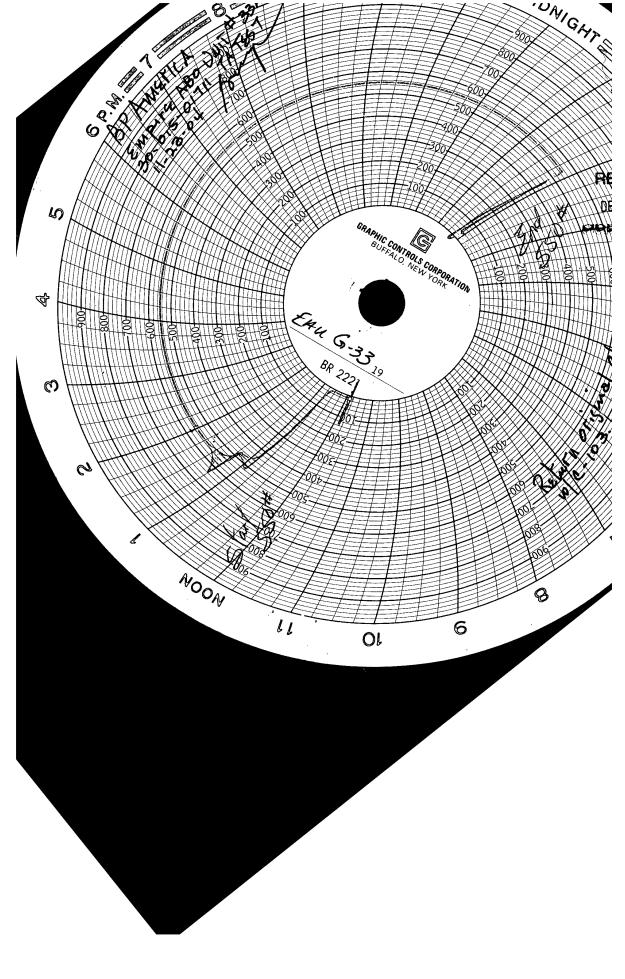
| Submit 3 Copies To Appropriate District   | State of New Mexico                                     |                            |                                       | Form C-103           |
|---|---|----------------------------|---------------------------------------|----------------------|
| Office District I   | Energy, Minerals and Natural Resources                  |                            | Revised May 08, 2003                  |                      |
| 1625 N. French Dr., Hobbs, NM 87240<br>District II  |   |                            | WELL API NO.<br>30.015.01711          |                      |
| 1301 W. Grand Ave., Artesia, NM 88210   | OIL CONSERVATION DIVISION<br>1220 South St. Francis Dr. |                            | 5. Indicate Type of Lease             |                      |
| 000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505  |   | STATE 🗷                    | FEE                                   |                      |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM 87505  |   |                            | 6. State Oil & Gas                    | Lease No.            |
| CUNDRY NOTICES AND DEPORTS ON WELLS   |   |                            |                                       | 7 10 1               |
| 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.) |   |                            | /. Lease Name or C<br>Empire Abo Unit | Jnit Agreement Name: |
| 1. Type of Well:  |   | 8. Well No.                |                                       |                      |
| Oil Well X Gas Well   | Other   | DEC 1 6 2004               | 33                                    |                      |
| 2. Name of Operator  BP America Production Comp   | arms (  | PARIA                      | 9. OGRID Number                       | 178                  |
| 3. Address of Operator  |   |                            | 10. Pool name or Wildcat              |                      |
| P.O. Box 1089 Eunice NM 88231   |   |                            | EMPIRE ABO                            |                      |
| 4. Well Location  |   |                            |                                       |                      |
| Unit Letter L:  | feet from the   | line and                   | <b>1965.6</b> feet fron               | n the S line         |
| Section 34  | Township 17S  | Range 28E                  | NMPM                                  | County EDDY          |
|   | 11. Elevation (Show whether                             |                            |                                       |                      |
| 3662 I GR   |   |                            |                                       |                      |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   |   |                            |                                       |                      |
| <u> </u>  |   | SEQUENT REP                | _                                     |                      |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON  | REMEDIAL WORK              |                                       | ALTERING CASING      |
| TEMPORARILY ABANDON   | CHANGE PLANS  | COMMENCE DRILL             | ING OPNS. 🔲                           | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING  | MULTIPLE COMPLETION                                     | CASING TEST AND CEMENT JOB |                                       | ADAINDONNENT         |
| OTHER:  |   | OTHER: TA & MIT            |                                       | x                    |
| 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: 6340' PBD: 5760' W  | W/CIBP PERFS: 5802-5990'                                | •                          |                                       |                      |
| 11.16.04: MIRUPU. LD RODS.  |   |                            |                                       |                      |
| 11.17.04: FINISH LD RODS. NDWH. NUBOP. TOH W/TBG.   |   |                            |                                       |                      |
| 11.18.04: TIH W/BIT & SCRAPER TO 5886'. TOH.  |   |                            |                                       |                      |
| 11.19.04: SET CIBP ON WL @ 5760'. DUMP 35' CMT ON TOP OF CIBP. TIH W/TBG.   |   |                            |                                       |                      |
| 11.22.04: DISPLACE HOLE W/PKR FLUID. LD TBG. NDBOP. NUWH. 11.23.04: PRESS TEST CSG TO 550# PSI. HELD 30 MINS. CHART ATTACHED.   |   |                            |                                       |                      |
| WELL TA'D   |   |                            |                                       |                      |
|   |   | Temporary Aban<br>until 1/ | doned Status approved                 |                      |
|   | a   | 11-0                       | (3-U9                                 |                      |
| 335   | TA. : PROME   | 12-30-04                   |                                       |                      |
| I hereby certify that the information above   |   |                            | ef .                                  |                      |
|   | 140   | ing michieuge and con-     | •                                     |                      |
| SIGNATURE /   | D. Junistry   | TLE Scho                   | eduler                                | DATE <u>12.15.04</u> |
| Type or print name Kellie D. Mur  | rish  | A -AA                      | Telepho                               | one No. 505.394.1649 |
| (This space for State use)  APPROVED BY   |   | TLE                        | HO E                                  | OEC 20 SARA          |
| Conditions of approval, if any:   | •••   |                            |                                       | DEC 2 0 2004         |



Chapamal Services
Larry Bower 10:00 Hm
TR # 32

11-03-64