Submit 3 Copies To Appropriate District Office

State of New Mexico

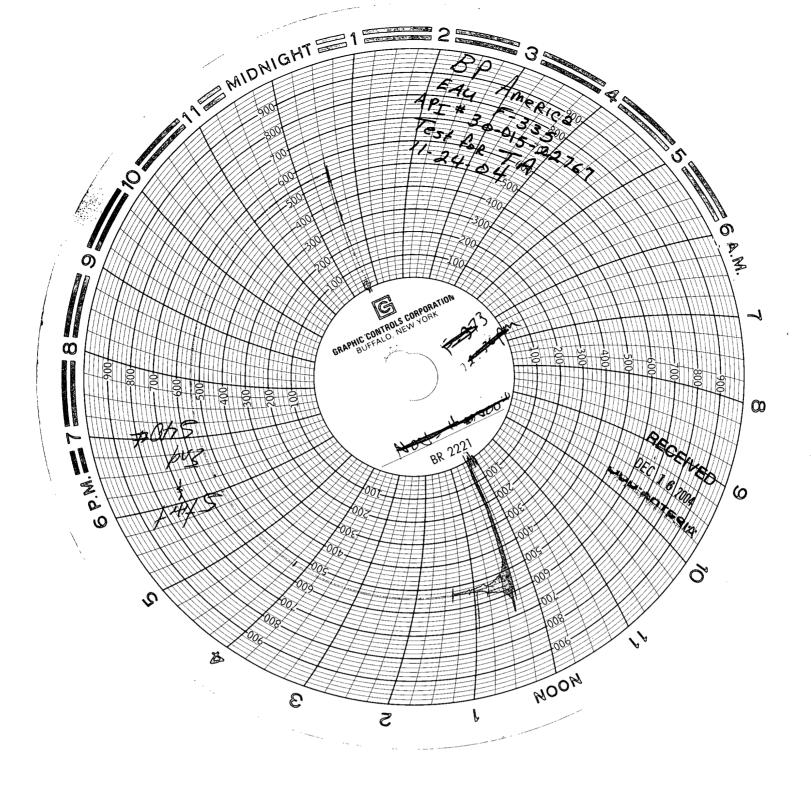
Form C-103

District I	Energy, Millerals and Nat	urai Resources			sed May 08,	2003	
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.				
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30.015.22767			
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM	87505	STATE	FEH	3 🗆		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & G	as Lease No	•		
SUNDRY NOTICE	S AND REPORTS ON WE	FLIS	7. Lease Name of	or Unit Agree	ement Name		
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	ALS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A	EMPIRE ABO UN	_	Jilloile i valia	"	
1. Type of Well:		RECEIVED	8. Well No.			\neg	
Oil Well 🗶 Gas Well 🗌	Dil Well X Gas Well Other			335			
2. Name of Operator DEC 1 6 2004			9. OGRID Number				
BP America Production Compan	TY	ODD:ARTESIA		00778			
3. Address of Operator P.O. Box 1089 Eurnice NM 88	221		10. Pool name o	or whiceat		ŀ	
4. Well Location	<u> </u>		EMPIRE ABO			\dashv	
	250 Coat Coans at a	M United	E70		W	1:	
Unit Letter <u>E</u> : 2.	250 feet from the	N line and	570 feet f	rom the	- N	line	
Section 34	Township 17S	Range 28E	NMPM	County	EDDY	20000	
	11. Elevation (Show whethe		c.)				
12 Check An	propriate Box to Indicat	664' GR	Report or Oth	er Data	000000000000000000000000000000000000000	00000	
NOTICE OF INTE	• •	1	SEQUENT RI		· C ·		
	PLUG AND ABANDON 🔲	REMEDIAL WORK	SEQUENT KI		ING CASIN	G [
PERFORM REMEDIAL WORK	PLUG AND ADANDON	REWEDIAL WORK		ALIERI	ING CASIN	<u> Б</u>	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	_	PLUG A ABAND	AND ONMENT		
PULL OR ALTER CASING	MULTIPLE L. COMPLETION	CASING TEST AND CEMENT JOB					
OTHER:		OTHER: TA & MIT				X	
13. Describe proposed or completed of starting any proposed work). So or recompletion.		ll pertinent details, and a					
TD: 6350' PBD: 5735' W/C	IBP PERFS: 5800-5988'						
		DUMP 35' CMT ON T	OP OF CIEP.				
	Ter	Apperery Abendonico Status zopro					
IN RBANS/12-30-	04				 		
I hereby certify that the information above is	true and complete to the best	of my knowledge and belie	f.				
SIGNATURE / LUIL /	Munsl TI	TLE Sche	eduler	DATE	12.15.0	4	
Type or print name Kellie D. Murr	/ ish	A A A	A Trele	phone No.	505.394.1	.649	
(This space for State use)	190	Juld	AND E		2020		
	/ 0\ _		1	- WLU	~ ~ U Z()	04	

TITLE

DATE

APPROVED BY______Conditions of approval, if any:



Chafanal Services Inc TX#32 Larry Bown 12:30pm 11-24-04