

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. 30.015.00908
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT 'Q'
8. Well No. 7
9. OGRID Number 000778
10. Pool name or Wildcat EMPIRE ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3480' 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 Gas Well Other
 2. Name of Operator: **BP America Production Company**
 3. Address of Operator: **P.O. Box 1089 Eunice NM 88231**

RECEIVED
APR 26 2005
~~CONFIDENTIAL~~

4. Well Location
 Unit Letter **B** : **330** feet from the **N** line and **2310** feet from the **E** line
 Section **16** Township **18S** Range **27E** NMPM County **EDDY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3480' DF

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: REPAIR CASING <input checked="" type="checkbox"/>		OTHER: <input 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: 5810' PED: 5795' PERFS: 5640-5766'

PROPOSED REPAIR CASING PLAN PENDING JOINT VENTURE APPROVAL

1. REDRESS BOTTOM OF CSG W/REALIGNMENT TOOL AND MILL.
2. SEAL OFF BOTTOM PERF INTERVALS WITH COMPOSITE BRIDGE PLUG AND
3. RUN IN W/2-7/8" TBG W/TURNED DOWN COLLARS AND CEMENT TBG TO SURF.
4. DRILL OUT COMPOSITE BRIDGE PLUG AND PERFORATE UP HOLE ZONES
5. STIMULATE W/ACID STIMULATION (NEW AND OLD ZONES)
6. TEST WELL FOR PRODUCTION CAPABILITY.

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 04.25.05

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

(This space for State use)
 APPROVED BY TIM W. GUM DISTRICT II SUPERVISOR DATE APR 28 2005
 Conditions of approval, if any: