

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  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-015-22843</b>
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 <b>BP America Production Company</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 1089, Eunice NM 88231</b>		7. Lease Name or Unit Agreement Name: <b>EMPIRE ABO UNIT 'E'</b>
4. Well Location Unit Letter <b>B</b> : <b>75</b> feet from the <b>N</b> line and <b>1820</b> feet from the <b>E</b> line Section <b>35</b> Township <b>17S</b> Range <b>28E</b> NMPM County <b>EDDY</b>		8. Well Number <b>395</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3676.2' GR</b>		9. OGRID Number <b>00778</b>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		10. Pool name or Wildcat <b>EMPIRE ABO</b>

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> 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: Perf upper Abo and return to production <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> 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: <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.

- MIRU PU. Check casing and surface pipe for pressure - bleed off into containment. Monitor well and assure it's stable. ND WH, remove joint in head and install BOP. Test BOP and casing to 1000 psi.
  - TIH with bit and scraper on 2 3/8" tubing. Tag CIBP at 6074'. TOH.
  - RU wireline unit. Perforate Abo 5968-5971', 5975-5979', 6000-6010', 6025-6030' 2 SPF 120-degree phasing using casing gun; correlate with log provided by Production Engineering. RD WL.
- Continued on page 2.

ACCEPTED FOR RECORD  
AUG 8 2008  
Gerry Guye, Deputy Field Inspector  
NMOCD-District II ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Barry C. Price TITLE Area Operations Team Lead DATE 08/06/08  
E-mail address: barry.price@bp.com  
Type or print name Barry C. Price Telephone No. 575-394-1648

For State Use Only

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval, if any:

Form C-103  
Empire Abo Unit E-395  
30-015-22843  
Continued from Page 1

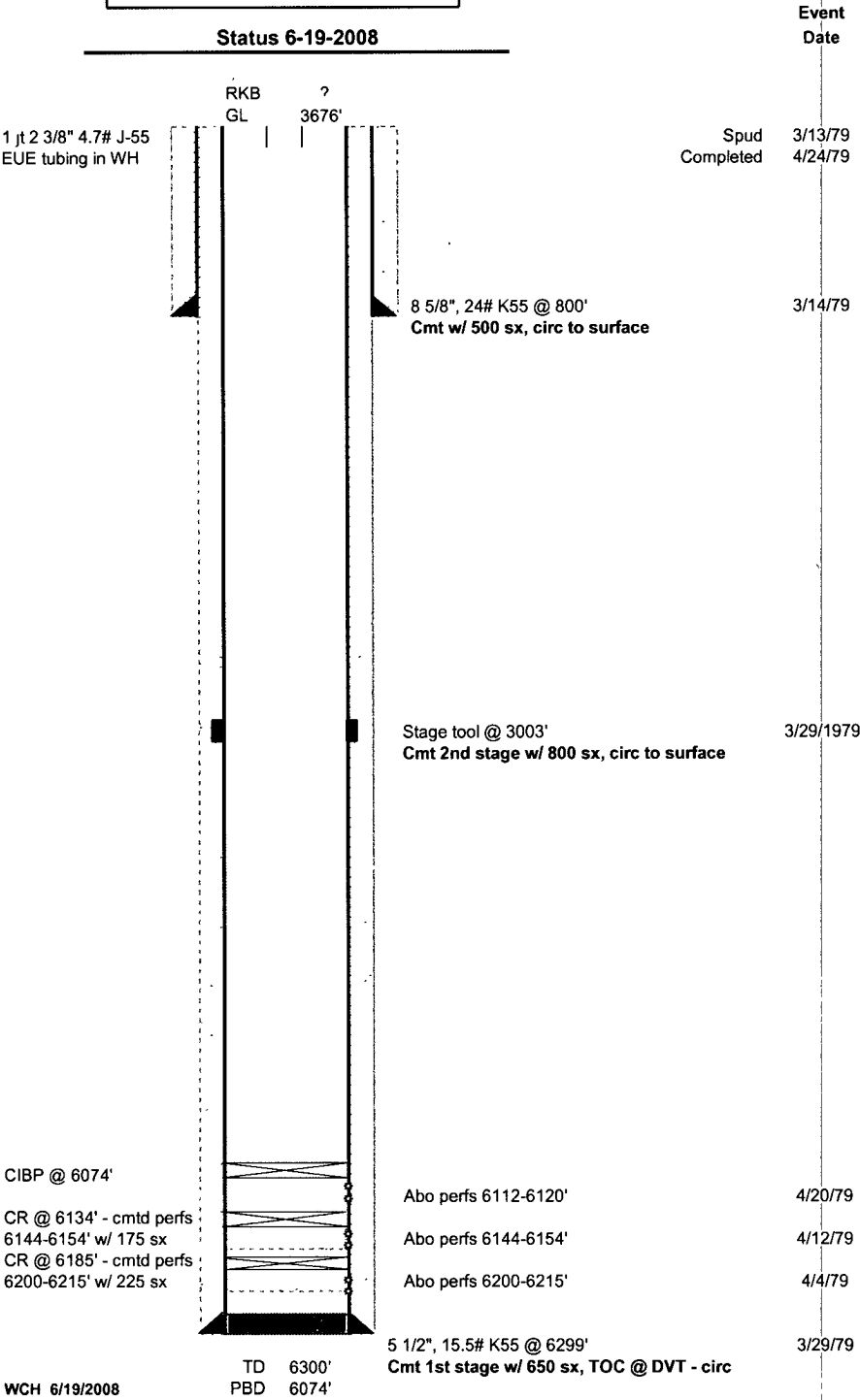
4. TIH with packer on 2 3/8" tubing. RU HES. Spot 100 gallons acid across perms. PU packer to 5850'. RO 5 bbls and set packer. Load annulus and test to 1000 psi. Acidize Abo perms 5968-6030' with 2200 gallons 15% NEFE HCL. Drop 75 BS evenly spaced. Pump 3-6 BPM, MXP 3200 psi.
5. Test.
6. Release packer and TOH.
7. TIH with completion assembly per Production recommendation. ND BOP. Set TAC with 15,000# T. NU wellhead.
8. Run rods and pump per Production recommendation. Install polished rod and stuffing box. Space out, check pump action and hang well on.
9. RD PU.

**Empire Abo Unit E-395**  
 Empire Abo Field

API No. 30-015-22843

75' FNL & 1820' FEL  
 Sec 35 - T17S - R28E  
 Eddy County, New Mexico

**Status 6-19-2008**



**Empire Abo Unit E-395**  
 Empire Abo Field  
 API No. 30-015-22843  
 75' FNL & 1820' FEL  
 Sec 35 - T17S - R28E  
 Eddy County, New Mexico

