Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-Altesia

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
EMPIRE ABO UNIT

	.,	· · · · · · · · · · · · · · · · · · ·		1 1	WI-7 0945	
	IPEI¢ATE-©therdinsini	riionsion reve	iseside	7. If Unit or CA/A	Agreement, Name and/or No.	
1. Type of Well ☐ Gas Well ☐ Other				8. Well Name an	d No	
2. Name of Operator				Empire Abo Unit M-153		
BP America Production Company			9. API Well No.		III W-155	
3a. Address		3b. Phone No. (include area code)		30.015.22838		
P.O. Box 1089, Eunice, NM 88231		505.394.1600	RECEIVED	10. Field and Poo	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)			•	Empire Abo		
Unit Letter B, 200' FNL & 1925' FEL Section 11, T18S, R27E			JAN 2 8 7004	11. County or Par	ish, State	
50010111, 1103, 1275			OCD-ARTESIA Bddy			
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA						
TYPE OF SUBMISSION TYPE OF ACTION						
	Acidize [Deepen	Production (Start	(Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report	Casing Repair	New Construction	on Recomplete	\square	Other MIT	
_	Change Plans	Plug and Abando	on 🔲 Temporarily Aba	andon		
Final Abandonment Notice	Convert to Injection	Plug Back	■ Water Disposal			
following completion of the inve	25# psi. Held 30 mins. Casing to ny has evaluated this wellbore a ested in order to complete the cu prodive funding.	esults in a multiple of iled only after all research	completion or recompletion in quirements, including reclar clark Bennett, BLM CFO. that there is workover pote	n a new interval, a Formation, have been contained. Xerox copy of chential in the Abo for p another workove	orm 3160-4 shall be filed once ompleted, and the operator has hart attached. ormation. Permission to be program which will	
	AND STREET					
14. I hereby certify that the foregoin Name (PrintedlTyned)	ig is true and correct					
14. 1 hereby certify that the foregoing is true and correct Name (PrintedlTyped) Kellie D. Murrish Title			itle Staff Support			
Signature	D.477	1	12.02.03	Marie de la constitución de la c		
, (22.22)	THIS SPACETO		RSTATE OFFICE USE			
Approved by (Signature)	/s/ Joe G. Lara	à	Name /s/ Joe G. (Printed/Typed)	. Lara Title	Pet. Eng	
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to o	Office		Date 126/Du			

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

