

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

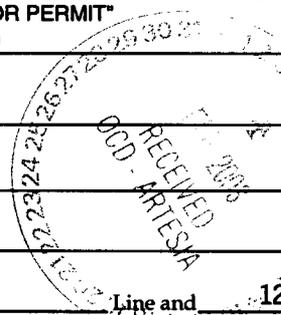
OIL CONSERVATION DIVISION

DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980
DISTRICT II P.O. Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St. Santa Fe, NM 87505

WELL API NO. 30-015-22489
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. B-3823-1
7. Lease Name or Unit Agreement Name Empire Abo Unit "I"
8. Well No. 282
9. Pool name or Wildcat Empire Abo
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3655.1' GR

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 [X] GAS WELL [] OTHER []
2. Name of Operator BP America Production Company
3. Address of Operator P.O. Box 1089, Eunice, NM 88231
4. Well Location Unit Letter K1: 1150 Feet From The N Line and 1270 Feet From The E Line
Section 5 Township 18S Range 28E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3655.1' GR



11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT []
CASING TEST AND CEMENT JOB []
OTHER: MIT [X]

12. 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.
TD: 6370' PBD: 6142' CIBP: 5983' PERFS: 5996-6140'
01.30.03: Load well and press test to 580# and held 30 mins. NMOCD notified but did not witness test. Chart attached. Request TA status to remain for future use and uphole potential.

Post TA

Temporary Abandoned Status approved until 1-30-08

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Kellie D. Murrish TITLE Sr. Administrative Assistant DATE 02.04.03
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505.394.1649

(This space for State Use)
APPROVED BY [Signature] TITLE [Signature] DATE FEB 18 2003
CONDITIONS OF APPROVAL, IF ANY:

