UNITED STATEM. Oil Cons. DIV-Dist. 2 DEPARTMENT OF THE INTERIOR V. Grand Avenue BUREAU OF LAND MANAGEMENTV. Grand Avenue

FORM APPROVED
OMB NO. 1004-0135
Expires January 31 200

MAR 0 1 2005

MAD A 1 CODD-APTRIMORY NOTICES	1000 ARTHURY NOTICES AND REPORT TO WELLY M 88210				NM029135		
DO not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well X Oil Well Gas Well Other				8. Well Name and No. Empire Abo Unit 8			
2. Name of Operator							
BP America Production Company 3a. Address 3b. Phone No. (include area code)				9. API Well N			
P.O. Box 1089 Eunice NM 88231 505.394.1649				30.015.00771 10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					Empire Abo		
Unit Letter H, 2194' FNL & 330' FWL Section 4-T18S-R27E					11. County or Parish, State		
					Eddy NM		
12. CHECK APPROPRIATE	BOX(ES) TO INDIC	ATE NATURE OF	NOTICE, REP	ORT, OR OT	HER DATA		
TYPE OF SUBMISSION		т	YPE OF ACTION				
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off		
	Alter Casing	Fracture Treat	Reclamatio	'n	X Well Integrity		
X Subsequent Report	Casing Repair	New Construction	Recomplete	e	Other MIT		
	Change Plans	Plug and Abandon	Temporaril				
Final Abandonment Notice	1 🗧	Plug Back	Water Disp	-			
	Convert to Injection	I Flug Dack	water Disp	NSai			
TD: 5637' PED: 5520' PERFS: 02.24.04: Load & press test well of test date. Receive by Jim Amos.	l to 550#. Held 3	O". Held OK. 3		ıled			
BP America Production Company is additional funding for exploration within the Empire Abo Unit field. until a wellwork/inactive wellwork	on/non-exploration BP request perm	potential on a dission to retain	n individual n TA status c	well basis on this wel			
		A PRIORIES ALL	PPROVED F	OR 12	MONTH PERIO		
	e de la constantina della cons		INDING	2/25/0	6		
A. I handhu abrifi that the foresains in terms and		I Tèle	,				
4. I hereby certify that the foregoing is true and correct Name (Frinted Typed)	* Lecare	Title	,				
Kellie D. Myrrish		Staff	Support				
The Hit fum	S SPACE FOR FEDE	Date 02.21.					
	S SPACE FOR FEDER	Title		ח	ate		
Approved by					`		
Conditions of approval, if any, are attached. Approval of	of this notice does not warr	ant or Office lease					

