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

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised May 08, 2003 WELL API NO.

OIL CONSERVATION DIVISION 1220 South St. Francis Dr.

30.015.22491 5. Indicate Type of Lease District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON AN ELL S23 23 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Empire Abo Unit "K" DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well No. 1. Type of Well: NNT 2003 Oil Well X Gas Well Other 231 RECEIVED 2. Name of Operator 9. OGRID Number OCD - ARTESIA BP America Production Company 000778 10. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Eunice NM 88231 Empire Abo 4. Well Location 1700 2350 feet from the line and feet from the Section Township **NMPM** County **18**S Range 28E Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. | | **PLUG AND** ABANDONMENT CASING TEST AND PULL OR ALTER CASING **MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: MIT \mathbf{x} 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: 6350' PBD: 6268' PKR: 6086' PERFS: 6210-6230' 10.16.03: Load and test casing to 570# psi. Held 30 mins. Casing test was not witnessed by a NMOCD representative. Chart attached. BP America Production Company has evaluated this wellbore and has determined that these is production potential in the Abo formation. Permission to retain

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Type or print name Kellie D. Murrish		Telephone No	505.394.1649
SIGNATURE / (SILLE A). 7/ JUNIAL TITLE	Staff Support	DATE _	10.24.03
I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE TITLE	ge and belief.		

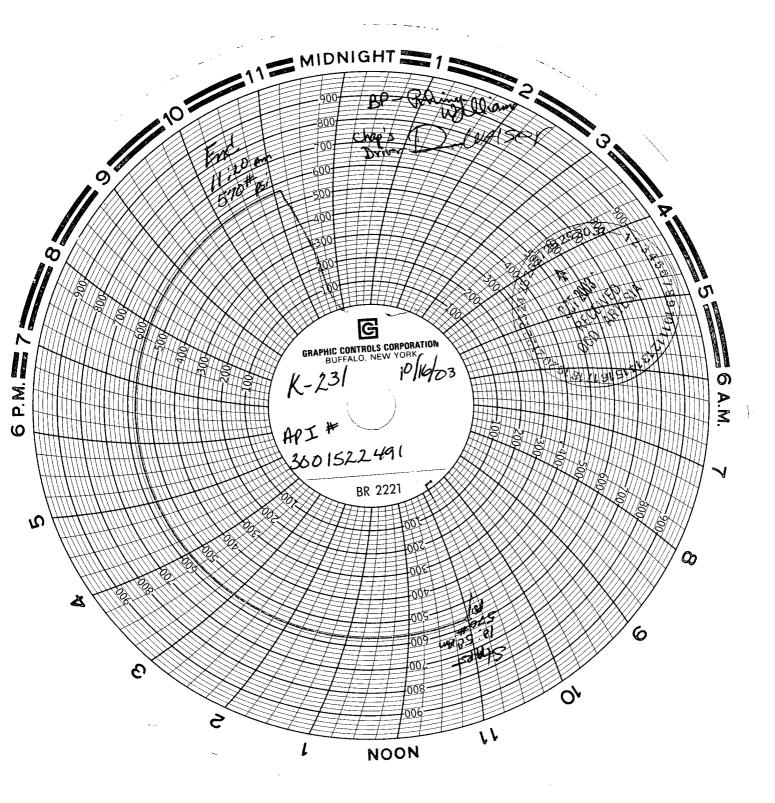
TA status is therefore requested in order to complete our current workover program and develop another workover program which will require interest owner approval to

APPROVED BY Conditions of approval, if an

provide funding.

TITLE Suld HAP APPROVED OCT 2 8

Темролегу Авелоолей **States** соргожей



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