Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Revised March 25, 1999		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.		
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVAT	ION DIVISION	30-015-22597 5. Indicate Type	of Lease	
District III	1220 South St. Francis Dr.		STATE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	,				
87505	ES AND REPORTS ON W	FIIS	7 Lease Name	or Unit Agreement Name:	
(DO NOT USE THIS FORM FOR PROPOSADIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	ALS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A	EMPIRE ABO U		
1. Type of Well:	Yhor	RECEIVED			
Oil Well Gas Well X C 2. Name of Operator	Juiei	HECEIVED	8. Well No.	281	
BP AMERICA		DEC - 8 2003			
3. Address of Operator			9. Pool name or Wildcat		
P.O. BOX 1089 Eunice, NM 88231		OCD-ARTESIA	EMPIRE ABO		
4. Well Location					
Unit Letter P :	feet from the	SOUTH	line and660	feet from the	
Section 32	Township 17S	Range 28E	NMP)	M EDDY County	
	10. Elevation (Show wheth		tc.)		
	3674' KB				
	ppropriate Box to Indica	ite Nature of Notice,	Report or Othe	r Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOI	RK X □	ALTERING CASING ☐	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	E DRILLING OPNS. PLUG AND BANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	CASING TEST AND		
OTHER:		OTHER:		П	
12. Describe proposed or completed			ive pertinent dates	including estimated date of	
starting any proposed work). SE recompilation.					
TD: 6300' PB: 6310' C	SG: 5 ½" – 15.5# PE	RFS: 6119'-6252'			
1. MIRU PU POOH W/ RODS		Id-5. 0117 -0232			
2. ND WH NU BOP POOH W					
3. RU WIRELINE TO RUN T		EEF			
4. PERFORATE ABO REEF O		775			
 RIH W/ PKR SPOT 15% HO ACIDIZE W/ 15% HCL 50 		S.R			
7. RIH W/ PRODUCTION TB		ND BOP NII WH			
8. SWAB TEST WELL TO CI		ND BOT NO WIT			
9. RIH W/ PUMP AND RODS					
10. RTP					
I hereby certify that the information a	bove is true and complete to	the best of my knowleds	ge and belief.		
	_				
SIGNATURE ()	TITLE_W	ell Team Lead	DATE_	_12/3/2003	
Type or print name Jim Pierce		Telephone No. 505-677-3642			
(This space for State use)		1 Cicpilon	S 110. 505-011-504.		
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APPPROVED BY	For records an	<u>Language</u>		DATE DEC 0 9 2003	