Submit 3 Copies To Appropriate District			N. 4				n C-103
Office District Fineray		State of New Mexico Minerals and Natural Resources			June 19, 2008 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240	ergy, i	viinerais an	u Naturai Re	esources		45.04500	
·	וו כמ	NICEDI/	ATION DIV	/ICION		15-01533 	
1301 W. Grand Ave., Artesia, Nivi 60210		NAOFIKAL	TION DIV	101014	5. Indicate Type of I	_ease	
District III	12	220 South S	St. Francis D	r .	STATE	✓ FEE	
1000 Rio Brazos Rd. Aztec, NM 87410 2 5 2013 District IV	Ī		NM 87505	•••	6. State Oil & Gas L	ease NO.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		,					
SUNDRY NOTICES AND RE	-DOD	TO ON ME	110		7 Lagas Name and	Init Agraement M	
SUNDERT NOTICES AND RE (DON NOT USE THIS FORM FOR PROPOSALS TO	1			BACK TO A	7. Lease Name or U	-	ame
DIFFERENT RESERVIOR. USE "APPLICATION FOR PER					Empire Abo Unit "D"		
PROPOSALS.)					8. Well Number		
1. Type of Well: Oil Well Gas Well Othe	er					41	
2. Name of Operator					9. OGRID Numer		
3. Address of Operator	<u>n</u>			873 10. Pool Name			
303 Veterans Airpark Lane, Ste.	Midland, TX 79705			Empire Abo			
4. Well Location	0000,	iniaiaiia, i	170700			7.00	
Unit Letter M : 99	90	feet from the	S	line and	330 feet from t	h VV line	е .
Section 25 Townsh			Range	28E	NMPM	County	Eddy
11. Elevatio	n (Sh		OR, RKB,RT,	GR, etc.)			
		36	556' GR	-			
12. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data							
12. Official Appropria		(TO maioat		 	ort, or other bata		
NOTICE OF INTENTION	N TO:			1	SUBSEQUENT R	EPORT OF:	
		ABANDON		REMEDIAL			
TEMPORARILY ABANDON CHANGE					E DRILLING OPNS.		
PULL OR ALTER CASING MULTI	IPLE C	OMPL		CASING/CE			
DOWNHOLE COMMINGLE				ALTERING (P AND A	CASING	H	
OTHER:					frepare to RA		
13. Describe proposed or completed operations.	(Clea	rlv state all p	ertinent detai		pertinent dates, inclu	ding estimated d	ate of
starting any proposed work.) SEE RULE 1103. For							
	RECEIVED						
	EED 96 3043 4						
FEB 2 6 2013							
	NMOCD ARTESIA						
10/03/12 MIRU service unit. LD produ	uction	aguinman	+ DILL 9 co	ST CIPD @ F	L		M
10/03/12 WIIKO Service unit. LD prout	uction	equipinen	it. Kin ot se	St.CIBP (#)	or willo cint. o	ii top. KDIVIO.	
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Spud Date:		•	Rig Release	e Date:		╛	
				7			
I hereby certify that the information above is true and compl	lete to ti	ne best of my	knowledge and	d beliet:			
SIGNATURE SULLA KWIK	2	TITLE	Roclar	nation Fore	eman DATE	2/21/1	2
SIGNATURE		IIILL	IXeciai	ilation i ore	EIIIaII DAIL		<u> </u>
Type or print name Guinn Burks		E-mail add	guinn.burk	s@apache	corp.com PHONE:	432-556-	9143
For State Use Only			1			/ /	
APPROVED BY:		TITLE	1)057	Hir NO	WICK DATE	2/27/19	}
Conditions of Approval (if any):	1			~~pc	- DAIL	Marie	·
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