

Submit 3 Copies to Appropriate District Office

State of New Mexico  
Enr. Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87501

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OCT - 5 1992

O. C. D.

WELL API NO.	30-015-01554
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	647
7. Lease Name or Unit Agreement Name	EMPIRE ABO UNIT "C"
8. Well No.	39
9. Pool name or Wildcat	EMPIRE ABO

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> G/W
2. Name of Operator ARCO OIL AND GAS COMPANY
3. Address of Operator P O BOX 1710 HOBBS, NEW MEXICO 88240

4. Well Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>26</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>EDDY</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3673 DF</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: MIT TEST <input checked="" type="checkbox"/>

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 6326 PBD 6110 PERFS 6030-80 PKR 5968

09/24/92 PRESSURE CSG TO 500# AND HOLD 15 MIN,

NO LEAK  
WITNESSED BY JOHNNY ROBINSON NMOCD  
CHART ATTACHED

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE James D. Coburn TITLE OPERATIONS COORDINATOR DATE 10/02/92  
TYPE OR PRINT NAME JAMES D. COBURN TELEPHONE NO. (505) 391-1621

(This space for State Use)  
APPROVED BY Johnny Robinson TITLE OIL AND GAS INSPECTOR DATE 10-14-92  
CONDITIONS OF APPROVAL, IF ANY:

