

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, 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 87504-2088

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

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

RECEIVED

OCT - 5 1992

WELL API NO. 30-015-01671

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:  
OIL WELL  GAS WELL  OTHER  G/W

EMPIRE ABO UNIT "F"

2. Name of Operator  
ARCO OIL AND GAS COMPANY

8. Well No. 25

3. Address of Operator  
P O BOX 1710 HOBBS, NEW MEXICO 88240

9. Pool name or Wildcat  
EMPIRE ABO

4. Well Location  
Unit Letter F : 977.87 Feet From The WEST Line and 2280.11 Feet From The NORTH Line  
Section 32 Township 18 S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3704' RDB

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <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 6013 PBD 5900 PERFS 5830-80 PKR 5775  
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. Cogburn TITLE OPERATIONS COORDINATOR DATE 10/02/92  
TYPE OR PRINT NAME JAMES D. COGBURN (505) TELEPHONE NO. 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: