Submit 3 Copies To Appropriate District	State of New				Form C-103
Office District I	Energy, Minerals and Na	atural Resources			sed May 08, 2003
1625 N. French Dr., Hobbs, NM 87240		WELL API NO.			
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATI	30.015.01714			
District III	1220 South St.	5. Indicate Type of Lease STATE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NN	A 87505			
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & 647	Gas Lease No.	
SUNDRY NOTICI (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC	7. Lease Name or Unit Agreement Name: EMPIRE ABO UNIT 'F'				
PROPOSALS.) 1. Type of Well:		RECEIVED	8. Well No.		
Oil Well 🗶 Gas Well	Other	TEOLITES	34		
2. Name of Operator		JUL 2 9 2004	9. OGRID Number 000778		
3. Address of Operator	amy	OCB-ARTESIA	10. Pool name or Wildcat		
P.O. Box 1089 Eunice NM 8		EMPIRE ABO			
4. Well Location	<u> </u>				
Unit Letter F : 19	958.54 feet from the	W line and	1952.97 feet	from the	N line
Section 34	Township 17s	Range 28E	NMPM	County	EDDY
	11. Elevation (Show wheth	her DR, RKB, RT, GR, et 3667' GR	c.)		
12. Check A	ppropriate Box to Indic		Report, or Ot	her Data	<u>IOOOOOOOOOOOOOO</u>
NOTICE OF INTE	NTION TO:	SUB	SEQUENT F	REPORT O	F:
PERFORM REMEDIAL WORK X	PLUG AND ABANDON	REMEDIAL WORK		ALTERI	NG CASING 🔲
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	ING OPNS. 🔲	PLUG A	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		ABAND	ONMENT
OTHER:		OTHER:			
13. Describe proposed or complete	nd aparations (Classly state	<u> </u>	rive pertipent dat	es including e	stimated date
of starting any proposed work). or recompletion.					
TD: 6257' PBD: 6042' (C	IBP)				
	•				<i>;</i>
MIRUPU. PU & RIH W/TBG. PRESS CSG & CIBP TO 500# F	ארדאומ				
DUMP 35' CMT ON TOP OF CIE				S _{res} set	* .
SWAB DOWN CSG	_				
RUN TOT LOGS & SELECT PERF	r'S			<u> </u>	•
ACIDIZE W/6000 GALS 15% HO SWAB TEST FOR RESULTS	L If this work requ	aires an			
SMAD IESI FOR RESULIS	earthen pit, a pe				
	be approved pri				
_ /	construction of			·	
I hereby certify that the information above	is true and complete to the bes	t of my knowledge and belie	f.		
SIGNATURE / COLUMN /	. I fund.	ΓΙΤ <u>LE</u> Staff	Support	DATE	07.28.04
Type or print name Kellie D			Tel	lephone No.	505.394.1649
(This space for State use)	TIM W	/. GUM SUPERVISOR		81.4	
APPROVED BY	DISTRICE	TITLE		DATE	0 5 2004
Conditions of approval, if any:					