						$\mathcal{C}$	١,
Submit 3 Copies State of New Mexico				Form C-103			
to Appropriate District Office					Rev	vised 1-1-89	V
	OIL CONSERVA	TIO	N DIVISION				
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St.			WELL API NO.				
DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210				-015-01537		$\dashv$	
			5. Indicate Type	of Lease STATE	] <sub>FEE</sub>	1	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	-	- ILL —	-	
			647				
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"				7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "D"			
(FORM C-101) FOR SUCH PROPOSALS.)							
1. Type of Well:							
WELL X GAS WELL WELL	OTHER						
2. Name of Operator				8. Well No.			
ARCO Permian				42			
3. Address of Operator P.O. Box 1089 Eunice, NM 88231				9. Pool name or Wildcat EMPIRE ABO			
4. Well Location	10231			LITTINE ADO_			
Unit Letter N : 660	Feet From The	S	Line and198	BO Feet Fr	om The	W Li	ine
	470		005		EDD)/		
Section 25	Township 17S	Ran	nge 28E r DF, RKB, RT, GR, etc	NMPM	EDDY	Count	<u> </u>
	10. Lievation (Show	Wilcine	3671' DF	•/			
11. Check Ar	propriate Box to Indi	cate N	Nature of Notice,	Report, or	Other Data		
_	NTENTION TO:		•	- '	T REPORT		
		$\neg$					_
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	닏	ALTERING CA	SING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND AB	ANDONMENT	
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB			
— —		$\overline{}$					X
OTHER:			OTHER: MIT				_ L^
12. Describe Proposed or Completed Ope	erations (Clearly state all pertin	ent deta	ils, and give pertinent dat	tes, including esti	nated date of star	ting any propo	sed
work) SEE RULE 1103.			,	,			
TD: 6392' PBD: 6312' PER	RFS: 6196-6208'						
2/9/98: CSG MIT WITNESS							
WHITMIRE - ARCO. PRESS	TESTED TO 520#. HELD 15	MINS	. HELD OK. CHART				
					O.A.		
A To	wano				O ECX	, Es <b>T</b>	

itis Approval of Temporary 2003 Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Administrative Assistant

2/20/98 \_ DATE \_

TYPE OR PRINT NAME Kellie D. Murrish (This space for State Use)

OIL AND GAS INSPECTOR

TELEPHONE NO. 505-394-1649

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: