

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 88241-1980

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

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-01550

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT

8. Well No.

D-38

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

4. Well Location

Unit Letter N : 330 Feet From The S Line and 2310 Feet From The W Line

Section 26 Township 17S Range 28E NMPM EDDY County

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

3681' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: MIT ☒

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: 6345' PBD: 6335' PERFS: 6210-6222'

01/20/98: CSG MIT WITNESSED BY KEN LIVINGSTON - NMOC, AND KENT
WHITHIRE - ARCO. PRESS TESTED TO 470#, HELD 15 MINS. HELD OK. CHART
ATTACHED.

This Approval of Temporary
Abandonment Expires 2003

RECEIVED
OCD ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Kellie D. Murrish

TITLE Administrative Assistant

DATE 01/28/98

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY

[Signature]
OCD ARTESIA

TITLE

DATE

2-2-98

CONDITIONS OF APPROVAL, IF ANY: