## Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	DIL CONSERVAT	TON DIVISION	
O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St.		WELL API NO.	
DISTRICT II	6 7 1D 6 0000		30-015-01554
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease  STATE Y  FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Loase No.
SUNDRY NOTICE	ES AND REPORTS ON W	FLLS	647 
(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  EMPIRE ABO UNIT "C"
1. Type of Well: OIL GAS WELL X WELL	OTHER		
2. Name of Operator ARCO Permian			8. Well No. 39
3. Address of Operator P.O. Box 1710. Hobbs. New Me	cico 88240		9. Pool name or Wildcat EMPIRE ABO
4. Well Location			
Unit Letter J:1650	Feet From TheS	Line and 19	Post From The E Line
Section 26	Township 17S	Ranga 28E	NMPM EDDY County
Section 20		Range ZOE hether DF, RKB, RT, GR, et	
		3673' DF	<u> </u>
11. Check Appr	ropriate Box to Indica	te Nature of Notice,	Report, or Other Data
NOTICE OF INT	ENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	
	Г	ן ר	
OTHER: ————————————————————————————————————		J OTHER: ———	
Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent	t details, and give pertinent de	ates, including estimated date of starting any proposed
PBTD: 6017" PERF: 5784	-5950 <b>*</b>		
10/14/97: POH W/PKR, TBG,	& SCRAPPER. RIH W/C	T RETAINER. SET 0 (	5017°
10/15/97: SQUEEZE OLD PER			/RETAINER
	34-5950' 1 SPF W/4-1/2		
10/16/97: RIH W/PPI TOOLS			
10/20/97: POH W/PPI TOOLS	;. RIH W/2-3/8" TBG W	BAKER LOCKET PKR. S	
			OCH ARTESTA
I hereby certify that the information above is true	and complete to the best of my know	riedge and belief.	
SIGNATURE KILLER HILL	Muns	THIE Administrative	Assistant DATE 01/07/98
TYPE OR PRINT NAME Kellie D. MUTT	<u>Ish</u>		TELEPHONE NO. 505-394-1649
(This space for State Use)			
ORIGINAL SK	ENED BY TIM W. GUR		MAR 1 0 1998
DISTRICT II I	OLFKAIROS.	TITLE	DATE