

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-01644

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

EMPIRE ABO UNIT "G"

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☒

2. Name of Operator

ARCO Permian

8. Well No.

24

3. Address of Operator

P.O. Box 1710, Hobbs, New Mexico 88240

9. Pool name or Wildcat

EMPIRE ABO

4. Well Location

Unit Letter **I**: **1650** Feet From The **S** Line and **330** Feet From The **E** Line

Section **31**

Township **17S**

Range **28E**

NMPM **EDDY**

County

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

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: **CASING 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.

CONDUCTED CASING MECHANICAL INTEGRITY TEST ON MARCH 8, 1995. CHART ATTACHED. TEST WITNESSED BY VICKI HERNANDEZ WITH ARCO PERMIAN AND GARY WILLIAMS, NMOCD.

RECEIVED

MAR 16 1995

OIL CON. DIV.
DIST. 2

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 **03/15/95**

TYPE OR PRINT NAME **Kellie D. Murrish**

TELEPHONE NO. **391-1649**

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

