

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

| |
|---|
| WELL API NO. 30-015-01644 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. 647 |
| 7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "G" |
| 8. Well No. 24 |
| 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER G/W <input type="checkbox"/> | |
| 2. Name of Operator <input checked="" type="checkbox"/> ARCO Permian | |
| 3. Address of Operator P.O. Box 1089 Eunice, NM 88231 | |
| 4. Well Location Unit Letter <u>G</u> <u>1650</u> Feet From The <u>S</u> Line and <u>330</u> Feet From The <u>E</u> Line Section <u>31</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>EDDY</u> County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3691' DF | |

| | |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <u>MIT</u> <input checked="" type="checkbox"/> |

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: 6106' PBD: 6068' PERFS: 6024-6050' PKR: 5783'

3/25/99: CSG MIT WITNESSED BY KEN LIVINSTON - NMOC, AND KENT WHITMIRE - ARCO. PRESS TESTED TO 500#. HELD 15 MINS. HELD OK. CHART ATTACHED.

This Approval of Temporary
Abandonment Expires 2004



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 4/16/99

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

Jim W. Green ^{B6R}

District Supervisor

APPROVED BY _____ TITLE _____ DATE 4-30-99

CONDITIONS OF APPROVAL, IF ANY:

