Submit 3 Copies

APPROVED BY ___

CONDICIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

| to Appropriate District Office | Energy, Minerals and Natural Resources Department | | Revised 1-1-89 | |
|--|---|---|----------------------------------|------------------------|
| DISTRICT P.O. Box 1980, Hobbs NM 88240 | OIL CONSERVATION DIVISION P.O. Box 2088 | | WELL API NO. | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexico 87504-2088 | | 30-015-01647 5. Indicate Type | of Lease |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | r. | | 6. State Oil & Ga | STATE X FEE |
| 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 "H" | | |
| 1. Type of Well: OIL GAS WELL WELL |] OTHER X | | | |
| 2. Name of Operator ARCO Permian | | | 8. Well No. 21 | |
| 3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240 | | 9. Pool name or Wildcat EMPIRE ABO | | |
| 4. Well Location Unit Letter M : 660 | Feet From The S | Line and 660 | Feet Fro | m The W Line |
| Section 31 | | nge 28E | NMPM EDDY | County |
| | 10. Elevation (Show whether | r DF, RKB, RT, GR, etc.) | | |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLIN | IG OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | | CASING TEST AND CEMENT JOB | | |
| OTHER: | | OTHER: _CASING M | <u>IT</u> | X |
| 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 1 6 1995 | | | |
| | OIL COM. DIV. | | | |
| | | | | FT. 2 |
| | true and complete to the best of my knowledge | e and belief. | | |
| SIGNATURE ASSESS ASSESSED ASSESSEDA | Merrist m | LE Administrative Assis | stant | DATE 03/15/95 |
| TYPE OR PRINT NAME Kellie D. Murris | .h | | | TELEPHONE NO. 391-1649 |
| (This space for State Use) | | | | |

___ TITLE __

_____DATE___

