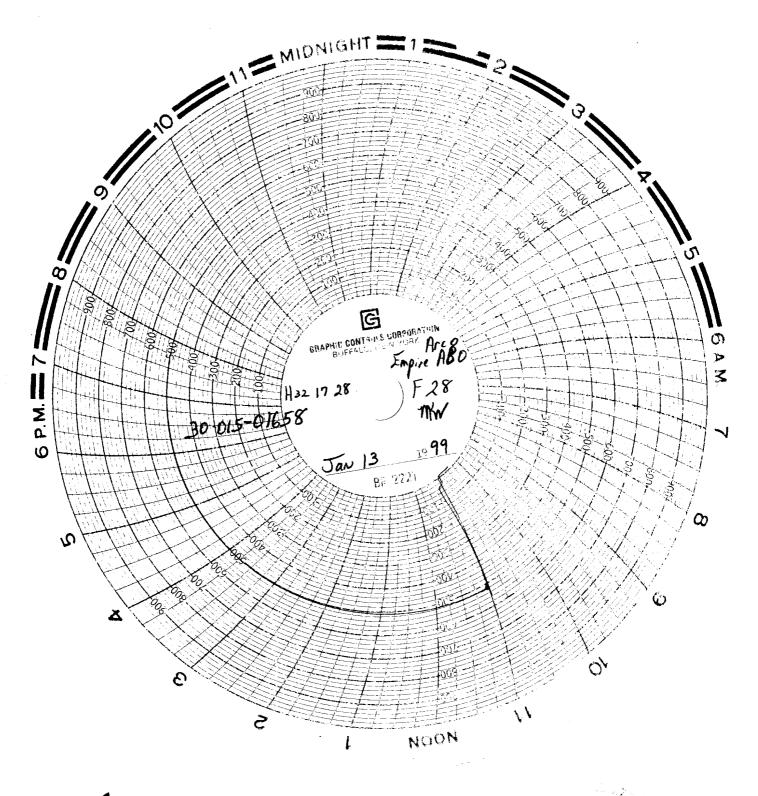
Sulbmit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-89

District Office					]	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION  2040 Pacheco St.			WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		5. Indicate Type	015-01658 of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	e Angeles Angeles		6. State Oil & G	STATE D	U <sub>FEE</sub> ∐	
· ·	CES AND DEPODES ON MELL	4	647			
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 TO DEEPEN OF PLUG BACK TO A  (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "F"			
1. Type of Well: OIL GAS WELL WELL	OTHER					
2. Name of Operator ARCO Permian			8. Well No. 28			
3. Address of Operator P.O. Box 1089 Eunice, NM 88	3231		9. Pool name or EMPIRE ABO	Wildcat		
4. Well Location Unit Letter H : 2310	Feet From The NORTH	Line and33	0 Feet Fro	om TheE	AST Line	
Section 32	Township 17S Ra	nge 28E	NMPM	EDDY	County	
	10. Elevation (Show whether					
11. Check App	propriate Box to Indicate		Report, or	Other Data	l	
NOTICE OF INTENTION TO: SUI			SEQUENT	REPOR	T OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CA	ASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND A	BANDONMENT [	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB			
OTHER:		OTHER: MIT			[X	
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent deta	ails, and give pertinent dat	tes, including estin	nated date of sta	rting any proposed	
CIBP: 6058'						
REQUEST PERMISSION TO KEE	EP WELL INACTIVE.					
WHITMIRE - ARCO. PRESS TE	ED BY KEN LIVINGSTON - NMOO ESTED TO 520#, HELD 15 MINS PERMISSION TO KEEP WELL INA	S. HELD OK.				
This Approv 1 of a Approx Expire						
I hereby certify that the information above is tr	ue and complete to the best of my knowledge	e and belief.				
SIGNATURE JULIE H. 9	nus C m	LE <u>Administrative</u>	Assisstant	DATE	1/25/99	
TYPE OR PRINT NAME Kellie D. Mur	rish			TELEPHONE NO.	505-394-1649	
(This space for State Use)						
APPROVED BY TYPE STORY OF APPROVAL, IF ANY:	<u>l</u> тті	LE Field Rep. II		date <del>\_</del> A	N. 29 99	



SCO ARTESIA 2007