



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.<br><b>30-015-01671</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br><b>EMPIRE ABO UNIT "F"</b>                                  |
| 8. Well No.<br><b>25</b>  |
| 9. Pool name or Wildcat<br><b>EMPIRE ABO</b>  |

**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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>   | 2. Name of Operator<br><b>ARCO Permian</b> | 3. Address of Operator<br><b>P.O. Box 1710, Hobbs, New Mexico 88240</b> |
| 4. Well Location<br>Unit Letter <b>E</b> : <b>978</b> Feet From The <b>W</b> Line and <b>2280</b> Feet From The <b>N</b> Line<br>Section <b>32</b> Township <b>17S</b> Range <b>28E</b> <b>NMPM EDDY</b> 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:

RS GR