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 Office	OIL CONCEDUATIO	NI DIVICIONI			
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II Santa Fe, NM 87505			WELL API NO. 30-015-01671  5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga	s Lease No.	-
SUNDRY NOT	ICES AND REPORTS ON WELI	LS			
(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 "F"		
1. Type of Well: OIL GAS WELL WELL	other G/W	, , ,			
2. Name of Operator V			8. Well No. 25		
ARCO Permian  3. Address of Operator P.O. Box 1089 Eunice, NM 88231			9. Pool name or Wildcat EMPIRE ABO		
4. Well Location	(918)	2200	(2280)	A.I	
Unit Letter 977.0			Feet From	m The N	Line
Section 32	Township 185/15 Ra	nge 28E	NMPM	EDDY	County
	10. Elevation (Show whether	3704' RDB	2.) 		
11. Check Ap	propriate Box to Indicate	Nature of Notice,	Report, or (	Other Data	
NOTICE OF IN	NTENTION TO:	SUE	SEQUENT	REPORT C	)F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASIN	<sub>G</sub>
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABAND	DONMENT [
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB		
OTHER:		OTHER: MIT	_		X
		l			
<ol> <li>Describe Proposed or Completed Operation</li> <li>SEE RULE 1103.</li> </ol>	rations (Clearly state all pertinent deta	ails, and give pertinent da	tes, including estim	ated date of starting	any proposed
				012225	
TD: 6013' PBD: 5900' PEF	RFS: 5830-5880' PKR: 5775'		638	32021222	
2/2E/00. CCC MIT WITHES	CED DV VEN LITVINGTON - NIMOCI	O AND MENT		0	
	SED BY KEN LIVINSTON - NMOCO FESTED TO 500#. HELD 15 MINS		415167	SPEC .	3
ATTACHED.			4	五元 3	29
Th	is Approval of Tempora	<b>PU</b> - /		ESIP	03/
Ab	andonment Expires	2004		(65 CV)	//
			Ameri Tadiga,	879945	
11 11 11 11 11 11 11 11 11					
I nereby certify that the information above is	true and complete to the best of my knowledge		Accident	4	(16.100
SIGNATURE / COLOR	TITI TITI	<sub>LE</sub> <u>Administrative</u>	ASSISLANL	DATE4,	/16/99
TYPE OR PRINT NAME Kellie D. Mui				TELEPHONE NO. 505	5-394-1649
(This space for State Use)	Sim W. Gum	Otto	1 Sepervi	201)	
APPROVED BY	Sim W. Sum		. – –	DATE 4-3	0.99