Submit 3 Copies to Appropriate

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



Form C-103 Revised 1-1-89

District Office			٧	
DISTRICT I	OIL CONSERVATIO		WELL API NO.	
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St.		30-015-01686	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		5. Indicate Type of Lease	TE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No	··
SUNDRY NOT	ICES AND REPORTS ON WELL	<u> </u>	647  ////////////////////////////////////	
(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 "G"	
1. Type of Well: OIL GAS WELL X WELL	OTHER			
2. Name of Operator			8. Well No.	
ARCO Permian			30	
3. Address of Operator	1ex1co 88240		9. Pool name or Wildcat EMPIRE ABO	
4. Well Location		10	80 Feet From The	W Tine
Unit Letter K: 198	Feet From TheS	Line and19	80 Feet Prom The	Line
Section 33	Township 17S Rai	nge 28E	NMPM EDDY	County
Section 33	10. Elevation (Show whether	er DF, RKB, RT, GR, et		
	<u>/////////////////////////////////////</u>	3665° GR		<u>/////////////////////////////////////</u>
11. Check Ap	propriate Box to Indicate l			
NOTICE OF I	NTENTION TO:	SUE	SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERIN	NG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. D PLUG AF	ND ABANDONMENT
		CASING TEST AND CE	SMENT IOR	
PULL OR ALTER CASING		CASING TEST AND CE	IMENT JOB	Г
OTHER:		OTHER:		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent dete	ails, and give pertinent da	tes, including estimated date	of starting any proposed
TD: 6254° PBD: 6177°	PERFS: 5914-6010'			
05/23/97: Set CIBP @ 6	040' WLS. Perf abo 5914-60	10' w/3-1/8: csg (	juns, 2 JSPF,	F
1983 holes.	Acidize w/2500 gals 15% NEI	FE acid. Ran 200	ball sealers.	
			OCD REC	EIVEL
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I hereby certify that the information shove is	true and complete to the Best of my knowledge	e and belief.		
	1 (	. Administrative	Assistant	ne06/07/99
		TE MUNICIPALISM OF IAE	ASSISTATIT DAT	E VYIXIII

APPROVED BY \_\_\_\_\_\_\_
CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)

TYPE OR PRINT NAME Kellie D. Murrish

TITLE .

TELEPHONE NO. 505-391-1649