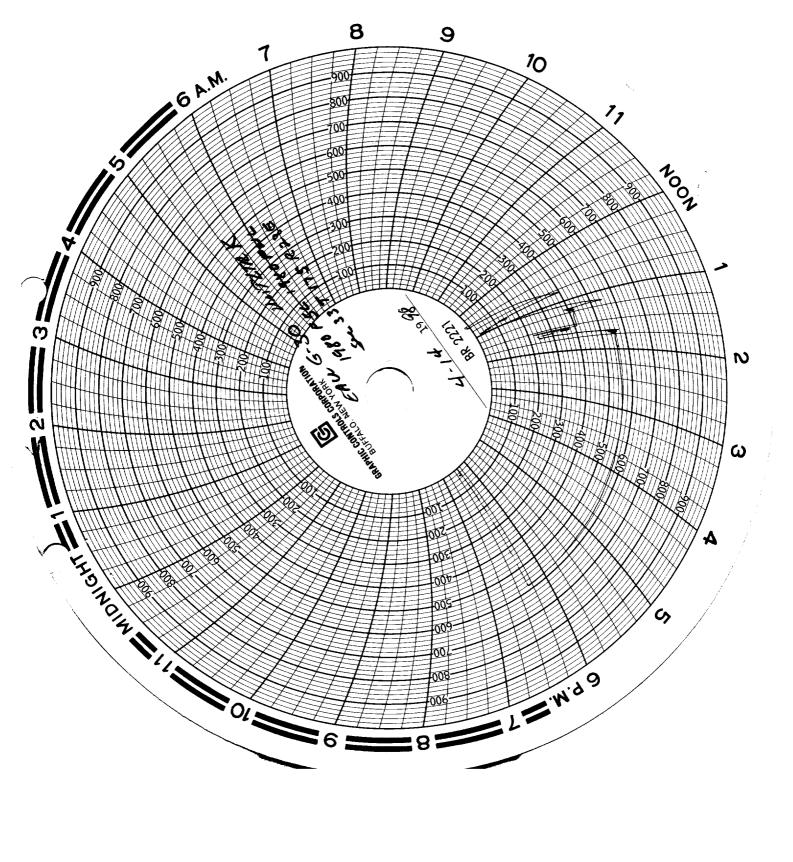
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Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I OIL CONSERVATI	ON DIVISION			
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pachec	o St.	WELL API NO. 30-015-01686		
DISTRICT II Santa Fe, NM P.O. Drawer DD, Artesia, NM 88210	87505	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	-	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WE	IIS	647 		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "G"		
DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well: OIL GAS WELL COTHER				
2. Name of Operator V RCO Permian		8. Well No. 30		
3. Address of Operator P.O. Box 1710. Hobbs. New Mexico 88240		9. Pool name or Wildcat EMPIRE ABO		
4. Well Location	1000	D W		
		700 71011 7110		
		NMPM EDDY County		
10. Elevation (Show when	ther DF, RKB, RT, GR, etc.) 3665 GR			
11. Check Appropriate Box to Indicate		Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER:	OTHER: TA Wellbore			
12. Describe Proposed or Completed Operations (Clearly state all pertinent dwork) SEE RULE 1103.	etails, and give pertinent date	s, including estimated date of starting any proposed		
TD: 6254' PBD: 6177' CIBP: 5598' PERFS: 56	48-5736°			
04/14/98: Set CR @ 5876'. Squeeze 5914-6010' w/ Green Shale interval 5648-5736', 2 JSF w/1500 gals 15% acid. Swab. Workover Press up to 500#. Held OK. Well TA'd	F, select fire, 36 h Unsuccessful. Set	oles. Acidize		
This Approval of Temporary Abandonment Expires	2004			
I hereby certify that the information above is true and complete to the best of my knowle	dge and belief.			
	mue Administrative A	Assistant DATE 06/07/99		
TYPE OR PRINT NAME Kellie-D. Murrish		TELEPHONE NO. 505-391-1649		
(This space for State Use)	Juld Ly	0 I 11/100 99		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	mr.s	DATE		
CONDITIONS OF BETROTING II BUTT				



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