Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103	
Revise	ed 1-1-8	•

FEE \square

to Appro	opriate
District	Office

DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION

2040 Pacheco St. Santa Fe, NM 87505 WELL API NO. 30-015-01689

5. Indicate Type of Lease STATE X

00 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.			
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			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS" (FORM C-101) FOR SUCH PROPOSALS.)	EMPIRE ABO UNIT "F"			
Type of Well: OIL GAS WELL WELL OTHER	. V			
Name of Operator CO Permian RECEIVED OCD APTER	8. Well No. 30			
Address of Operator O. Box 1089 Eunice, NM 88231	9. Pool name or Wildcat EMPIRE ABO			
Well Location Unit Letter F: 1980 Feet From The NORTH Line and 198	Feet From The WEST Line			
33 T 41 175 Pages 28E	NMPM EDDY County			

Check Appropriate Box to Indicate Notice of Intention To:			Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING		PLUG AND ABANDON CHANGE PLANS		REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB	ALTERING CASING PLUG AND ABANDONMENT	
OTHER:				OTHER: MIT		X

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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.

TD: 6155' PBTD: 6116' PERFS: 6046-6080'

REQUEST PERMISSION TO KEEP WELL INACTIVE.

1/13/99: CSG MIT WITNESSED BY KEN LIVINGSTON - NMOCD, AND KENT WHITMIRE - ARCO. PRESS TESTED TO 530#, HELD 15 MINS. HELD OK. CHART ATTACHED.

This Approval of Temporary Abandonment Expires

I hereby certify that he information above is true and complete to the best of my kno	wledge and belief.		
SIGNATURE JULIU M. M. JUMAL	TITLE Administrative Assisstant	DATE	1/25/99
SIG. VATORE FEET			
TYPE OR PRINT NAME Kellie D. Murrish		TELEPHONE NO.	505-394-1649
(This space for State Use)			
APPROVED BY Minels Wollegiell	TITLE Field Rep. II	DATE 5A	N. 29-99

CONDITIONS OF APPROVAL, IF ANY:

AND THE PROPERTY OF THE PROPER





