

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.  
30-015-01718

5. Indicate Type of Lease  
STATE ☒ FEE ☐

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  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
ARCO Permian

3. Address of Operator  
P.O. Box 1710, Hobbs, New Mexico 88240

7. Lease Name or Unit Agreement Name  
EMPIRE ABO UNIT "F"

8. Well No.  
33

9. Pool name or Wildcat  
EMPIRE ABO

4. Well Location  
Unit Letter E : 1964.6 Feet From The N Line and 330 Feet From The W Line

Section 34

Township 17S

Range 28E

NMPM EDDY

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3677' RKB

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: TEMPORARILY ABANDONED ☒

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: 6307' PERFS: 6184-6254' CIBP @ 6155.20'  
HOLD WELLBORE FOR FIELD BLOW DOWN  
09/18/96 CSG MIT WITNESSED BY RAY SMITH FOR NMOC  
MIT EVERY FIVE YEARS IN ACCORDANCE TO NMOC RULE 203  
~~www-7 WH field~~

RECEIVED

OCT 28 1996

OIL CON. DIV.  
DIST. 2

This Approval of Temporary  
Abandonment Expires 9/2006

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kellie D. Murrish TITLE Admin Asst DATE 10/25/96

TYPE OR PRINT NAME KELLIE D. MURRISH TELEPHONE NO. 391-1649

(This space for State Use)

APPROVED BY [Signature] TITLE PO DATE 10-29-95

CONDITIONS OF APPROVAL, IF ANY: