

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Santa Fe	
Land Office	
B of M	
Operator	

Form C-103  
Revised 1-1-89

RECEIVED

OIL CONSERVATION DIVISION

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 87404 D.

ARTESIA, OFFICE

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL AP. NO.	30-015-01719
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2071
7. Lease Name or Unit Agreement Name	Empire Abo Unit "F"
8. Well No.	36
9. Pool name or Wildcat	Empire Abo
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3679 GR

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator ARCO OIL AND GAS COMPANY ✓	
3. Address of Operator P. O. Box 1610, Midland, Texas 79702	
4. Well Location Unit Letter <u>H</u> : 2263.18 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Recomplete same zone</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Propose to abandon existing Abo perms 6118-6375 and test upper zone in the Abo.

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

SIGNATURE Ken W. Gosnell TITLE Engr. Tech. DATE 6-1-89

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 5 1989

CONDITIONS OF APPROVAL, IF ANY: