

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

RECEIVED BY

APR 15 1987

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TEST BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company - Div of Atlantic Richfield Company	8. Farm or Lease Name Empire Abo Unit "E"
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 36
4. Location of Well UNIT LETTER <u>E/A</u> , 966.59 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 17S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Empire Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3673' GR	12. County Eddy

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	Shut Well In <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

On 3/13/87 well produced 1 BO, 445 BW & 122 MCFG. Circulated well w/corrosion inhibited water, closed tubing and casing valves and shut well in effective 3/31/87. Final Report.

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

SIGNATURE Steven D. Smith TITLE Area Prod Supt. DATE 4/14/87

Original Signed By

Les A. Clements

Supervisor District II

DATE APR 23 1987

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY: