

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsi  
of

**DISTRICT I**

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

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

**30-015-01738**

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

**647**

7. Lease Name or Unit Agreement Name

**EMPIRE ABO UNIT "F"**

8. Well No.

**39**

9. Pool name or Wildcat

**EMPIRE ABO**

**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 1089 Eunice, NM 88231**

4. Well Location

Unit Letter **G** : **1650** Feet From The **NORTH** Line and **2310** Feet From The **EAST** Line

Section **35** Township **17S** Range **28E** NMPM **EDDY** County

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

**GR 3686'**

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: **MIT** ☒

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: 6350' PBD: 6345' PERFS: 6200-6212'**

**05/15/98: CSG MIT WITNESSED BY KEN LIVINGSTON - NMOCD AND KENT  
WHITMIRE - ARCO. PRESS TESTED TO 490#, HELD 15 MINS. HELD OK CHART  
ATTACHED.**

**This Approval of Temporary  
Abandonment Expires 2003**

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

SIGNATURE

*Kellie D. Murrish*

TITLE **Administrative Assistant**

DATE **5/19/98**

TYPE OR PRINT NAME **Kellie D. Murrish**

TELEPHONE NO. **505-394-1649**

(This space for State Use)

APPROVED BY

*Mike Sturfield*

TITLE **Field Rep. II**

DATE **June 4 98**

CONDITIONS OF APPROVAL, IF ANY: