

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.  
30-015-01753

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-11593

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT "E"

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

ARCO Permian

8. Well No.

37

3. Address of Operator

P.O. Box 1710, Hobbs, New Mexico 88240

9. Pool name or Wildcat

EMPIRE ABO

4. Well Location

Unit Letter D : 660 Feet From The W Line and 660 Feet From The N Line

Section 35

Township 17S

Range 28E

NMPM EDDY

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3689' DF

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: 6350' PERFS: 6040-6048' CIBP @ 6022.26'

HOLD WELLBORE FOR FIELD BLOW DOWN

09/19/96 CSG MIT WITNESSED BY KEN LIVINGSTON OR RAY SMITH FOR NMOCD

MIT EVERY FIVE YEARS IN ACCORDANCE TO NMOCD RULE 203

~~4 HOLD WELLBORE FOR field~~

RECEIVED

OCT 28 1996

OIL CON. DIV.  
DIST. 2

This Approval of Temporary  
Abandonment Expires 9/2001

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)

PROVED BY

[Signature]

TITLE

FO

DATE

10-31-96

CONDITIONS OF APPROVAL, IF ANY: