_	State of New M		Fo	rm C-103 /51	
Submit 3 Copies	ergy, N rais and Natural	Resources Department		vised 1-1-89	
to Appropriate			WELL API NO.	Vρ	
District Office	OIL CONSERVATIO	سيد معدود خير مشوره الاستراكان الكواوا أ		,	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	P.O Box 20	188 RECEIVED	30-015-21536		
DISTRICT II	Santa Fe, New Mexico	87504-2008 HAN V 12 4000	5. Indicate Type of	Lcase	
P.O. Drawer DD, Artesia, NM 88210		JUN 2 6 1992		STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	410	O. C. D.	6. State Oil & Gas L 647	case No.	
SUNDRY NO	OTICES AND REPORT	CONVELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)				7. Lease Name or Unit Agreement Name Empire Abo Unit "E"	
1. Type of Well: OIL	GAS				
WELL X	WELL other				
2. Name of Operator ARCO OIL and CAS COMPANIX			8. Well No.		
ARCO OIL and GAS COMPANY V			381		
P.O. Box 1610, Midland, Texas 79702			1	9. Pool Name or Wildcat Empire Abo	
4. Well Locastion	<u> </u>				
Unit Letter <u>C</u> :	2475 Feet From The W	est Line and 11	55 Feet from The N	lorth Line	
Section 35	Township 17S	Range 28E NMI	PM Eddy	County	
33		ow whether DF, RKB, RT, GR, etc		County	
	3683.8	- · · · · · · · · · · · · · · · · · · ·	'		
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
NOTICE OF	INTENTION TO:	_ ຮັບ	BSEQUENT REPO	DRT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	X REMEDIAL WORK	ALTERING	CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	NS. PLUG AND	ABANDONMENT	
PU'LL OR ALTER CASING		CASING TEST AND CEMEN	IT JOB		
	٢	\neg	_		
(Other)		X (Other)	<u> </u>	L	
 Describe Proposed or completed Operary) SEB RULE 1103. 	ration(Clearly state allpertinent	dates, including estimated date of star	ting any proposed		
,					
Propose to Plug & Abandoned a	ıs follows:		601	Between	
Ding Interval (¹mt Domonico			All Plugs	
	<u>Cmt Remarks</u> 50 sx Spot — Taq /	- 5600-6140		J	
	15 am -0-at	41-41 (1044)			
	S on Smot				
		3- 360 - 3760			
	. મ	2010-2160			
If holes in casing are found, con	sult w/OCD. 3	- 1360 - 1460 - 0 - 1050			
Cut off WH and install dry hole		_ 0 - /050			
1 I hereby certify that the information	above is true and complete to t				
SIGNATURE Ken W Gos	nell	Regulatory Coor	dinator DATE	6-25-92	
TYPE OR PRINT NAME Ken W. (Gosnell		TELEBRIANO I	(915) 688-5672	
			TELEPHONE	0.0,000.0072	
(This space for State Use)					
& 1:dl)		1100		-1.1-	
CONDITIONS FOR APPROVAL, IF ANY:		TITLE Tile Reg		_ DATE	
		•			