CONDITIONS OF APPROVAL, IF ANY:

Submit 3 Copies o Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION 2040 Pacheco St.	Form C-103 Revised 1-1-89		
DISTRICT I O. Box 1980, Hobbs NM 88241-1980		WELL API NO. 30-015-21537	I	
DISTRICT II O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505	5. Indicate Type of Lease  STATE X FEE FEE		
DISTRICT III		6. State Oil & Gas Lease No.		

DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco S	St.	WELL API NO.	015-21537	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 8	7505	5. Indicate Type of	of Lease	
DISTRICT III			6. State Oil & Gas	STATE X	FEE .
1000 Rio Brazos Rd., Aztec, NM 87410			E-7116		
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR	AND REPORTS ON WELL ALS TO DRILL OR TO DEEPEN O USE "APPLICATION FOR PERM FOR SUCH PROPOSALS.)	R PLUG BACK TO A	7. Lease Name or EMPIRE ABO	Unit Agreement N	ame
1. Type of Well: OIL GAS WELL X WELL	OTHER	c17 18 19 20 2			
2. Name of Operator ARCO Permian	ansi	(b) {\(\frac{1}{2}\)^{23}	8. Well No. <b>351</b>		
3. Address of Operator	72	550 - P	9. Pool name or	Wildcat	
P.O. Box 1089 Eunice, NM 88231		3	EMPIRE ABO		
4. Well Location Unit Letter G : 2550 F	Feet From The	Line and 161	Feet From	m TheE	Line
Section 34			NMPM	EDDY	County
	10. Elevation (Show whether	r DF, RKB, RT, GR, etc	.)		
11. Check Appro	priate Box to Indicate l	Nature of Notice,	Report, or (	Other Data	
NOTICE OF INTE	NTION TO:	SUB	SEQUENT	REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASI	NG 🔲
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABA	NDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER: MIT		<u> </u>	X
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent deta	ails, and give pertinent dat	es, including estim	ated date of startin	ng any proposed
9/8/98: CSG MIT WITNESSED BY WHITMIRE - ARCO. PRESS TESTE CHART ATTACHED.	ED TO 500#, HELD 15 MINS	D, AND KENT S. HELD OK.			
Abandonia 40 Ext	7003				
I hereby certify that the information above is true and	d complete to the (best of my knowledge	e and belief.			
SIGNATURE THE M. 47	Lucish TITI	Administrative	Assistant	DATE	9/22/98
TYPE OR PRINT NAME Kellie D. Murris	<u>h</u>			TELEPHONE NO. 5	05-394-1649
(This space for State Use)					
APPROVED BY WELLS William	TIT	LE Field Rope II		DATE SCOT	. 28 - 98
CONDITIONS OF APPROVAL IF ANY		•		•	

