

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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RECEIVED BY SANTA FE, NEW MEXICO 87501

SEP 23 1986

O. C. D.

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
647	

SUNDY 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
ARCO Oil and Gas Company - Div. of Atlantic Richfield Company		Empire Abo Unit "G"
3. Address of Operator		9. Well No.
P. O. Box 1710, Hobbs, New Mexico 88240		321
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER I, 1520 FEET FROM THE South LINE AND 250 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 17S RANGE 28E NMPM.		Empire Abo
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3663.8' GR		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 JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Shut In

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 1103.

On 3/18/86 well produced 3 BO, 82 BW & 1830 MCFG. Closed tubing valve and shut well in effective 8/86 pending evaluation. Final Report.

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

SIGNED J. W. Hays TITLE Area Prod. Supt. DATE 9/19/86

Original Signed By
Les A. Clements

APPROVED BY Supervisor District 11 TITLE DATE SEP 30 1986

CONDITIONS OF APPROVAL, IF ANY: