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State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-015-21769 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE 🗌 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS IDO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) EMPIRE ABO UNIT "G" 1. Type of Well: ÓII. WEIL □ GAS WELL OTHER X 2. Name of Operator 8. Well No. ARCO Permian 321 Address of Operator Pool name or Wildcat P.O. Box 1710, Hobbs, New Mexico 88240 **EMPIRE ABO** Well Location 1520 Unit Letter Feet From The E Feet From The Line Section 33 Township 17S Range 28E NMPM EDDY County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) +1Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: CASING MIT OTHER: 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. CONDUCTED CASING MECHANICAL INTEGRITY TEST ON MARCH 8, 1995. CHART ATTACHED. TEST WITNESSED BY VICKI HERNANDEZ WITH ARCO PERMIAN AND GARY WILLIAMS, NMOCD. RECEIVED MAR 1 6 1995 OIL CON. DIV. DIST. 2 I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE TRELLECE A.J. // HUMING	TITLE Administrative Ass	istant DATE 03/15/95
TYPE OR PRINT NAME Kellie D. Murrish		TELEPHONE NO. 391-1649
(This space for State Use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

