Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONCEDIATION DIVICION	
DISTRICT 1 P.O. Box 1980, Hobbs NM 88241-1980 OIL CONSERVATION DIVISION 2040 Pacheco St.	WELL API NO. 30-015-21797
DISTRICT II Santa Fe, NM 87505 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. B-2071
SUNDRY 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.)	7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "G"
1. Type of Well: OIL GAS WELL OTHER	
2. Name of Operator ARCO Permian	8. Well No. 341
3. Address of Operator P.O. Box 1089 Eunice, NM 88231	9. Pool name or Wildcat EMPIRE ABO
4. Well Location Unit Letter K: 1850 Feet From The S Line and 259	91 Feet From The W Line
	NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc. 3661.2' GR	s.)
11. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE	MENT JOB
OTHER: OTHER: MIT	X
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dawork) SEE RULE 1103. 	tes, including estimated date of starting any proposed
TD: 6400' PBD: 6366' PERFS: 6168-6196' PKR: 6099'	
02/9/98: CSG MIT WITNESSED BY KEN LIVINGSTON - NMOCD, AND KENT WHITMIRE - ARCO. PRESS TESTED TO 500#. HELD 15 MINS. HELD OK. CHART ATTACHED.	
This Approval of Temporary	
Abandonment Expires	OCD 100
Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief.	Och Per 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Abandonment Expires	Assistant DATE 02/23/98
Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. Administrative	Assistant DATE 02/23/98 TELEPHONE NO. 505-394-1649
Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Administrative TYPE OR PRINT NAME Kellie D. Murrish (This space for State Up)	TELEPHONE NO. 505-394-1649
Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Administrative TYPE OR PRINT NAME Kellie D. Murrish (This space for State Up)	