Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

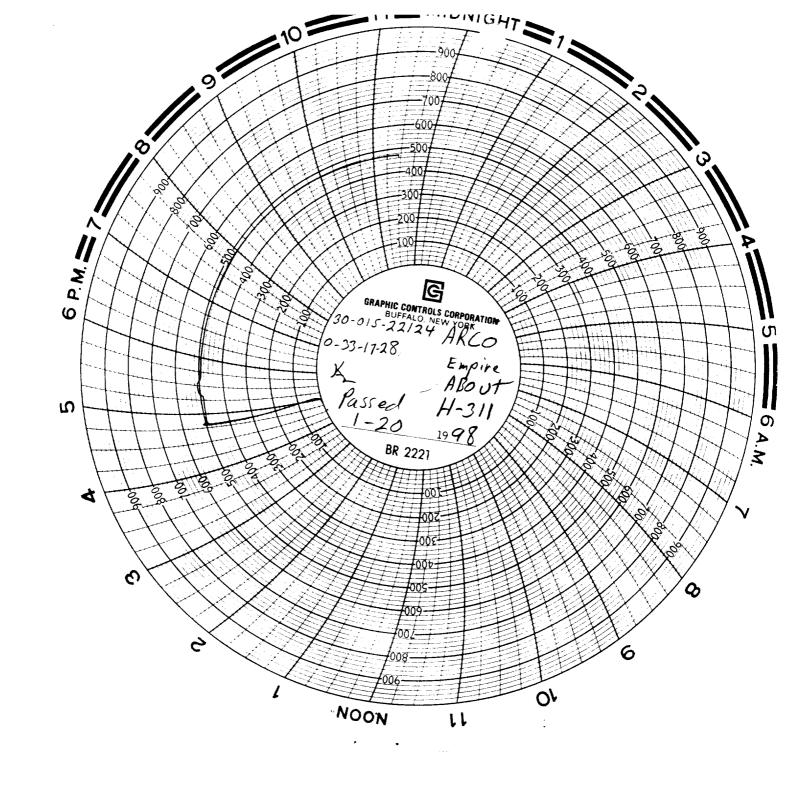
Form C-103 Revised 1-1-89

\_ DATE \_\_\_

DISTRICT I	OIL CONSERVATION	ON DIVISION	f
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St.		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	30-015-22124
DISTRICT III			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
	CES AND REPORTS ON WEL		
(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
1. Type of Well: OIL GAS WELL WELL	OTHER		EMPIRE ABO UNIT
2. Name of Operator ARCO Permian		·	8. Well No. H-311
3. Address of Operator P.O. Box 1089 Eunice. NM 88231			9. Pool name or Wildcat EMPIRE ABO
4. Well Location			
Unit Letter0:2490	Peet From The E	Line and 31	3 Peet From The S Line
Section 33	Township 17S R	ange 28E	NMPM EDOY County
		er DF, RKB, RT, GR, etc.	
11. Check An		3661 ° GR	
The state of the s			
NOTICE OF IN	IENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	OINIGE PEARS	CASING TEST AND CEN	
OTHER:		OTHER: MIT	
		<del></del>	
<ol> <li>Describe Proposed or Completed Oper work) SEE RULE 1103.</li> </ol>	ations (Clearly state all pertinent det	ails, and give pertinent date	es, including estimated date of starting any proposed
TD: 6362° PBD: 6320°	PERFS: 6044-6054' CIBP:	5880 <i>°</i>	
			· ·
01/20/98: CSG HIT WITNES	ISED BY KEN LIVINGSTON - N	HOCD, AND KENT	
WHITMIRE - ARCO. PRESS T ATTACHED.	EST TO 495#, HELD 15 MINS	. HELD OK. CHART	<b>A</b>
ATTACHED.			•
	·*	rowle of respons	
HOLD WELLBORE FOR FIELD B	LOW DOWN. Abanyora	and Sapires	2003 RECEIVED
		•	UCD ARTESIA
I hereby certify that the information above is true	and complete to the heat of my knowledge	and helief	
Kui Il	m I		
SIGNATURE / COLLET AV.	TITI	E Administrative A	SSISTANT DATE 01/28/98
TYPE OR PRINT NAME Kellie D. Murr	<u>1sh</u>		TELEPHONE NO. 505-394-1649
(This space for State Use)			
APPROVED BY	TIL	E	

TITLE .

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