

Submit 3 Copies  
to Appropriate  
District Office

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980  
**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210  
**DISTRICT III**  
1000 Rio Brazos Rd., Artesia, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
**30-015-22226**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

**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 "F"**

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No.  
**333**

3. Address of Operator  
**P.O. Box 1089, Eunice, NM 88231**

9. Pool name or Wildcat  
**EMPIRE ABO**

4. Well Location  
Unit Letter **E** : **1286** Feet From The **W** Line and **1602** Feet From The **N** Line

Section **34** Township **17S** Range **28E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3672.7' GR**

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **IA & MIT** ☒

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.

TD: 6319' PERFS: 6170-6190' CIBP @ 6146.85'

11/08/02: Load and press test to 555#. Held 30 mins. Test witnessed by Phil  
Hawkins, OCD.  
Retain wellbore for future use and uphole potential.

Temporary Abandoned Status approved  
date **11-08-07**

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

SIGNATURE *Vicki Owens* TITLE Administrative Assistant DATE 11/12/02

TYPE OR PRINT NAME Vicki Owens TELEPHONE NO. 505-394-1650

(This space for State Use)

APPROVED BY *[Signature]* TITLE *[Signature]* DATE NOV 19 2002

CONDITIONS OF APPROVAL, IF ANY:



