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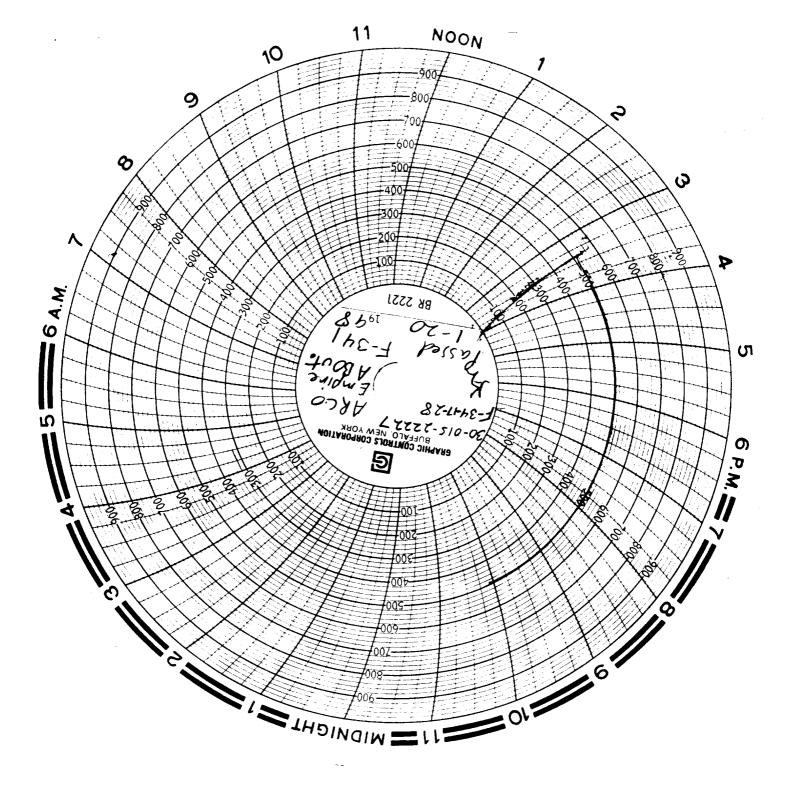
State of New Mexico



Form C-103

Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office OIL CONSERVATION DIVISION **DISTRICT I** WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-015-22227 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) EMPIRE ABO UNIT 1. Type of Well: GAS WELL WELL X OTHER 2. Name of Operator 8. Well No. ARCO Permian F-341 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1089 Eunice. NH 88231 EMPIRE ABO 4. Well Location 2593 1326 N Unit Letter_ Feet From The Line and Feet From The Line **17S** 28E **EDDY** Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u> 3673°</u> Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: 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. PBD: 6075' CIBP: 6175' PERFS: 6132-6142' 01/20/98: CSG MIT WITNESSED BY KEN LIVINGSTON - NHOCD, AND KENT WHITHIRE - ARCO. PRESS TEST TO 505#. HELD 15 MINS. HELD OK. CHART **ATTACHED** HOLD WELLBORE FOR FIELD BLOW DOWN.

This Approval of To	egonery (m.g)	0	RECEIVED CD - ARTESIA
I hereby certify that the information above is true and complete to the best of my kn	owledge and belief. TITLE Administrative Assistant		01/20/98
TYPE OR PRINT NAME Kellie D. Murrish	THE AUGITISE OF ASSISTANT	DATE TELEPHONE NO.	
(This space for State Use)			
APPROVED BY DISTINCT IS SUPERIORAR	TITLE	DATE	1-2-98
CONDITIONS OF APPROVAL, IF ANY:			



This Approval of Temporary 2003

Abandonnant Expires

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