

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-22415
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "G"
8. Well No. 323
9. Pool name or Wildcat EMPIRE ABO

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator ARCO Permian
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240
4. Well Location Unit Letter I : 1500 Feet From The S Line and 700 Feet From The E Line Section 33 Township 17S Range 28E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3663.9' 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: TEMPORARILY ABANDONED ☒

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: 6219' PERFS: 6197-6219' (OH) CIBP @ 6181.67'
HOLD WELLBORE FOR FIELD BLOW DOWN
09/18/96 CSG MIT WITNESSED BY RAY SMITH FOR NMOCD
MIT EVERY FIVE YEARS IN ACCORDANCE TO NMOCD RULE 203
~~www7~~ ~~WH~~ ^field

Approval of Temporary
Abandonment Expires 9/2001

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

SIGNATURE Kellie D. Murrish TITLE Admin Asst DATE 10/25/96
TYPE OR PRINT NAME KELLIE D MURRISH TELEPHONE NO. 391-1649

(This space for State Use)

APPROVED BY Alan S. [Signature] TITLE FO DATE 10-2-96
CONDITIONS OF APPROVAL, IF ANY: