

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-76

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RECEIVED BY
JUL -8 1987
O. C. D.
ARTESIA OFFICE

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A WELL. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator ARCO Oil and Gas Company - Div of Atlantic Richfield Company		6. State Oil & Gas Lease No. 647
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		7. Unit Agreement Name
4. Location of Well UNIT LETTER N 150 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 17S RANGE 28E NMPM.		8. Farm or Lease Name Empire Abo Unit "H"
		9. Well No. 301
		10. Field and Pool, or Wildcat Empire Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3659.8' GR		12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Shut In <input checked="" type="checkbox"/>

17. 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.

On 3/09/87 well produced 2 BO, 26 BW & 18 MCFG. Closed tubing and casing valves and shut well in effective 6/26/87 pending evaluation. Final Report.

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

SIGNED Steven D. Smith TITLE Area Prod Supt. DATE 7/7/87

Original Signed By
Los A. Clements
Supervisor District II

APPROVED BY _____ DATE JUL 9 1987

CONDITIONS OF APPROVAL, IF ANY: