Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

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



Form C-103 Revised 1-1-89

District Office				1	
DISTRICT	OIL CONSERVATIO		WELL API NO.		
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St. Santa Fe, NM 87505		30-015-22604		
P.O. Drawer DD, Artesia, NM 88210	Sama Po, 14191	32232425262	5. Indicate Type of	of Lease STATE	FEE 🗆
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	/5	212	6. State Oil & Ga. 647-339. 6		
SUNDRY NOTIC	ES AND REPORTS ON WEL	LS MAD			
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERV	OSALS TO DRILL OR TO DEEPEN OIR. USE "APPLICATION FOR PER 01) FOR SUCH PROPOSALS	OR PLANG HACTRASO A	Lease Name of /Empire Abo l	r Unit Agreement Na In 1 t H	me
1. Type of Well: OIL GAS WELL X WELL	OTHER	e, "TESIA N			
2. Name of Operator V		E1110168 139	8. Well No.		
ARCO Permian		0700	302		
3. Address of Operator P.O. Box 1089 Eunice, NM 88	231		9. Pool name or Empire Abo	Wildcat 	
4. Well Location	Feet From TheS	_ Line and192	25 Feet Fro	m TheW	Line
Olli Down		205		Eddy	
Section 33	Township 175 R		NMPM :.)		County
	10. Elevation (Show wheel	3670.9° GR			
11. Check App	ropriate Box to Indicate	Nature of Notice,	Report, or (	Other Data	
NOTICE OF IN		SUB	SEQUENT	REPORT	OF:
П	SULIC AND ADANDON	REMEDIAL WORK	X	ALTERING CASIN	ıa 🗆
PERFORM REMEDIAL WORK	PLUG AND ABANDON		ODNIS	PLUG AND ABAN	<u> </u>
TEMPORARILY ABANDON	CHANGE PLANS L. COMMENCE DRILLING OPNS. L. PLUG AND ABANDONMENT  CASING TEST AND CEMENT JOB				
PULL OR ALTER CASING					
OTHER:		OTHER: Temporari	TY AUGITUON		
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent de	tails, and give pertinent da	tes, <b>includin</b> g estin	nated date of startin	g any proposed
TD: 6283' PBD: 6150'	PERFS: 5746-5764'				
05/29/98: Drop standing	valve test tbg to 600#, I pkr, POOH w/tbg.	held good. Unflang	e wellhead		
06/01/98: RIH w/CIBP Set	: 0 5690'. Circ pkr flui	d, load csg & test.	. Chart Atta	ched.	
06/02/98: Rig down, clea	n location. Well TA'd.				
This Approval of The					
Abandonment Explica	7004	Work to a			
ı					
I hereby certify that the information above is tru				· · · · · · · · · · · · · · · · · · ·	
SIGNATURE HULLI H.	Muusl 1	TILE Administrative	Assistant	DATE	3/25/99
TYPE OR PRINT NAME Kellie D. Muri	·ish			телетноме по. 5	05-394-1649
(This space for State Use)					
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