

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		•		Revis	seu 1-1-09
DISTRICT I	OIL CONSERVATIO		WELL API NO.		
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II	2040 Pacheco St. Santa Fe, NM 87505		30-015-22631		
P.O. Drawer DD, Artesia, NM 88210	Juliu 10, 11111	0,000	5. Indicate Type of	of Lease STATE X	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas B-2071-24		
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 "G"		
I. Type of Well: OIL GAS WELL WELL	OTHER				
2. Name of Operator			8. Well No. 333		
ARCO Permian 3. Address of Operator			9. Pool name or Wildcat		
P.O. Box 1089 Eunice, NM 8	8231		EMPIRE ABO		
4. Well Location Unit Letter L : 2100		Line and110)0 Feet Fron	n The	Line
		205			
Section 34	Township 17S Ra		NMPM :.)	EDDY	County
<u> </u>	///////	3660.2' GR		<u> </u>	
•	propriate Box to Indicate	1			0=
NOTICE OF IN	ITENTION TO:	SOB	SEQUENT	REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CAS	ING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			OPNS.	PLUG AND ABA	NDONMENT [
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER: MIT			<u>X</u>
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent det	ails, and give pertinent da	tes, including estima	ited date of starti	ng any proposed
TD: 6350' PBD: 6254' PER	RFS: 6234-6244' PKR: 6139'				
WHITMIRE - ARCO. LOADED PRESSURED WELL TO 760#. PRESSURED WELL FROM 660#ATTACHED.	SED BY KEN LIVINGSTON - NMOO CASING WITH 8B., 8/6 BRINE AFTER ALLOWING WELL TO STAF TO 670# TO RUN FINAL 15 MI	, WITH PACKER FLD, BILIZE FOR 18 MIN. IN. MIT. HELD OK.		OSECTION STATES	#
Aband	onment Expires	2003	r.	4	e e e e e e e e e e e e e e e e e e e
I hereby certify that the information above is t	rue and complete to the best of my knowledg	e and belief.			
SIGNATURE RULLE W.	Munst "	LE <u>Administrative</u>	Assistant	DATE	02/23/98
TYPE OR PRINT NAME Kellie D. Mur	<u>rish</u>			TELEPHONE NO. 5	<u>05-394-1649</u>
(This space for State Uso)	and as it lets of the	01/41/2010	0050 505		
APPROVED BY	тп	O!L AND GAS IN	SPECIO H	2-	-26-98