

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CISF  
BP

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
**30-015-22767**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

**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 "F"

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
ARCO Permian

8. Well No.  
335

3. Address of Operator  
P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat  
Empire Abo

4. Well Location  
Unit Letter E : 2250 Feet From The N Line and 570 Feet From The W Line  
Section 34 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3664 ER

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: TA & MIT ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give work) SEE RULE 1103.

TA status will not be  
extended or granted again  
without well work

ly proposed

Pkr set @ 5965'. Perforated interval 6096-6140'

12/04/01: Load and tested wellbore. Pressured up to 530#, held 30 mins. Held OK. Chart attached.  
Test witnessed by Phil Hawkins, NMOCD.  
Retain wellbore for future use and uphole potential.  
Well TA'd.

NOTE: Original chart was mailed to NMOCD on 12.17.01

Temporary Abandoned Status approved  
until 12-4-02

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

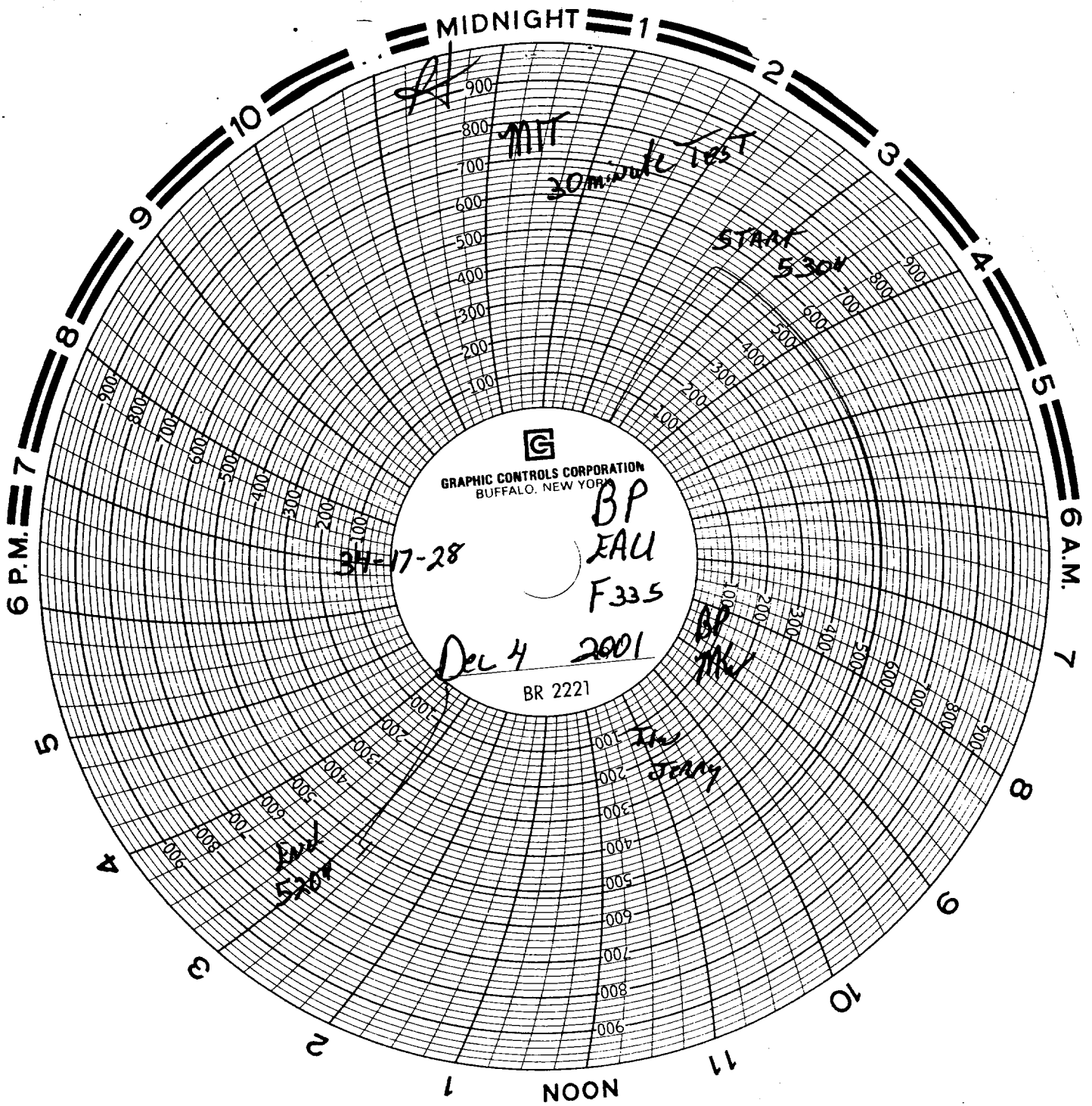
SIGNATURE Kellie D. Murrish TITLE Sr. Administrative Assistant DATE 01.18.02

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep ID DATE JAN 30 2002

CONDITIONS OF APPROVAL, IF ANY:



RECEIVED  
OOD ARTESIA