## Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

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

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Form C-103 Revised 1-1-89

District Office			Ų	K	
DISTRICT I	OIL CONSERVATION		[	1	
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St.			WELL API NO. 30-015	-22775	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	5. Indicate Type of Le		 I
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lea		_
SUNDRY NOTICES AND REPORTS ON WELLS			B-11593-8 		777
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					<u> </u>
	RVOIR. USE "APPLICATION FOR PEI -101) FOR SUCH PROPOSALS.)	RMIT"	7. Lease Name or Uni EMPIRE ABO UNIT	•	
1. Type of Well:			ENTIRE ADO ONI	E	
OIL GAS WELL	OTHER				
2. Name of Operator			8. Well No.		
ARCO Permian			374		
3. Address of Operator P.O. Box 1089 Eunice. NM	88231		9. Pool name or Wilde EMPIRE ABO	:at	
4. Well Location Unit Letter D . 220	) Feet From The NORTH	70	^	LECT	
Unit Letter :	Feet From The NURTH	Line and 70	Peet From Th	e WEST Lir	10
Section 35				EDDY Count	v
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc 3680.7 GR	.)		
11. Check Ar	opropriate Box to Indicate		Percent or Oth	or Data	<i>ZZ</i>
_	NTENTION TO:	1	SEQUENT R		
NOTICE OF I		306	SEQUENT N	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	LI ALT	TERING CASING	L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLI	JG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:	П	OTHER: MIT			X
<ol> <li>Describe Proposed or Completed Op- work) SEE RULE 1103.</li> </ol>	erations (Clearly state all pertinent de	tails, and give pertinent dat	es, including estimated	date of starting any propose	×
			4. 19 <b>8</b> .		
TD. 62451 DDD. 62101 DC	NEC 6100 60017		•		
TD: 6345" PBD: 6218" PE	(42: 9135-9501,	19.7			
05/15/98: CSG WIT WITNES	SSED BY KEN LIVINGSTON - NH	IOCD. AND KENT OCH	CENEL		
	TESTED TO 500#. HELD 15 WIN	S. HELD OK CHART	241 / 1 / 1/4 = 1		
ATTACHED.				<del>-</del>	
				-	
This Approval	of Temporary				
Abandoniie Ex	pires 2003				
I hereby certify that the information above is t	rue and complete to the best of my knowledg	to and belief.		<del></del>	_
SEGNATURE JULIU XI.	Musish m	LE Administrative	Assisstant	DATE05/19/98	
TYPE OR PRINT NAME Kellie D. Mul	/		. –	PHONE NO. 505-394-164	_ 9
(This space for State Use)				233 431 247	<b>=</b>
APPROVED BY MileS COTTO	O D	Fall Pro IT		7	
ATTRIVED BY	<u> </u>	LE Field Rep. II	t	DATE JUNE 4-48	_

