| 15. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Signed By Mike Williams | PATE 11/12/87 | |
|--|---|------------|
| 15. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
| BIM Confirm Co | tro mio | |
| ED WAGE CARGE | | |
| 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1603. On 9/24/85 well produced 1 BO, 141 BW & 6 MCFG. Circulated hole w/cor closed tubing and casing valves and shut well in effective 10/15/85 per Report. | rosion inhibited | water, |
| OTHER | | Li |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON COMMENCE DRILLING OPHS. PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB | ALTERING CAS PLUG AND ABA Shut In | ř |
| | Other Data | ٦ |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3675.6' GR Check Appropriate Box To Indicate Nature of Nation Papers of Check Appropriate Box To Indicate Nature of Nation Papers of Check Appropriate Box To Indicate Nature of Nation Papers of Check Appropriate Box To Indicate Nature of Nation Papers of Check Appropriate Box To Indicate Nature of Nation Papers of Check Appropriate Rev. To Indicate Nature of Nature | 12. County Eddy | |
| THE West LINE, SECTION 35 TOWNSHIP 175 RANGE 28E HMP | | |
| UNIT LETTER F . 2400 FEET FROM THE NORTH LINE AND 1600 FEET FROM | 10. Field and Pool, or Empire Abo | Wildcat |
| ARCO Oil and Gas Company - Div of Atlantic Richfield Company 3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240 | Empire Abo Uni 9. Well No. 382 | Lt "F" |
| O. C. D. WELL X WELL OTHER- ARTESIA, OFFICE 2. Name of Operator | B. Farm or Lease Name | |
| SUNDRY NOTICES AND REPORTS ON WELLS NOW LESS COTTICE TOO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. | 7. Unit Agreement Name | |
| OPERATOR POLICE D | 5, State Oil & Gas Lea 647-368, 647-36 | |
| LAND OFFICE RECEIPTED 7 '87 | State X | Fee _ |
| 1 | Form C-103 Revised 10- | |
| P. O. BOX 2088 RECEIVED SANTA FE SANTA FE, NEW MEXICO 87501 | t a | rm C-103 · |

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