

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

RECEIVED BY
MAY -4 1987

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-11593-B

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company - Div of Atlantic Richfield Company	8. Farm or Lease Name Empire Abo Unit "F"
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 376
4. Location of Well UNIT LETTER <u>E</u> <u>1335</u> FEET FROM THE <u>North</u> LINE AND <u>700</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> NMPM.	10. Field and Pool, or Wildcat Empire Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3685.3' GL	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Return to Production</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Well returned to production 4/24/87;

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

SIGNED <u>Steve D. Smith</u>	TITLE <u>Area Prod. Supt.</u>	DATE <u>5/01/87</u>
Original Signed By <u>Les A. Clements</u>	TITLE <u>Supervisor District II</u>	DATE <u>MAY 5 1987</u>
APPROVED BY _____	CONDITIONS OF APPROVAL, IF ANY:	