

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-22804
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-7832
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "E"
8. Well No. 363
9. Pool name or Wildcat EMPIRE ABO

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator ARCO OIL AND GAS COMPANY	
3. Address of Operator P.O. 1710 HOBBS N.M. 88240	
4. Well Location Unit Letter <u>A</u> : <u>650</u> Feet From The <u>NORTH</u> Line and <u>120</u> Feet From The <u>EAST</u> Line Section <u>34</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>ADDY</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3673.5 GR	

11. 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: RECOMPLETE IN UPPER ABO - <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

VERBAL NOTICE OF INTENTION FROM RAY SMITH - NMOCD

TD 6350, PBD 6050, PERFS 6030-38

SET CMT RET @ 6050, CMT PERFS 6058-68 W/48 SX CMT

PERF ABO 6030-38 W/ 2 JSPF (17HOLES), ACIDIZE W/1500 GML HCL NEFE, & RETURN TO PRODUCTION.

5-22-93 IN 24 HRS PUNMPED 62 BO, 191 BW, 310 MCF

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

SIGNATURE James Cogburn TITLE Operation Coordinator DATE 6-29-93
TYPE OR PRINT NAME James Cogburn TELEPHONE NO. 391-1621

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 9 1993