

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

JAN 31 '90

O. C. D.

WELL API NO. 30-015-22816
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. 362
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"/>	ARTESIA, OFFICE
2. Name of Operator ARCO OIL AND GAS COMPANY	
3. Address of Operator P. O. Box 1610, Midland, Texas 79702	
4. Well Location Unit Letter <u>A</u> : <u>1200</u> Feet From The <u>North</u> Line and <u>1200</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3675.9 GR	

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: Recomplete Abo ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Propose to come uphole and test Abo intervals 6062-72 & 6010-20

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

SIGNATURE Ken W. Gosnell TITLE Engr. Tech. DATE 1-29-90
TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE FEB 9 1990

CONDITIONS OF APPROVAL, IF ANY: