Submit 3 Copies to Appropriate District Office

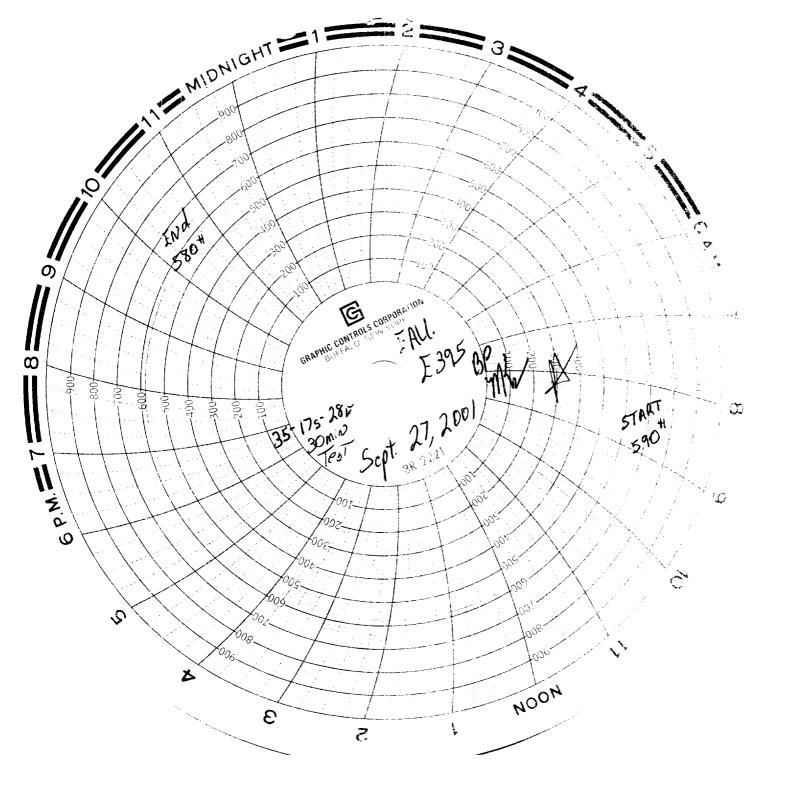
CONDITIONS OF APPROVAL, IF ANY

State of New Mexico Energy, Minerals and Natural Resources Department

Form (

C-103 ed 1-1-89	<i>ک</i> ال	i P

DISTRICT I	OIL CONSERVATION	ON DIVISION	779	43
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		30-015-22862 5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	FEE .
SUNDRY NO	FICES AND REPORTS ON WE	IIS		
(DO NOT USE THIS FORM FOR PF DIFFERENT RESE	ROPOSALS TO DRILL OR TO DEEPER RVOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agree EMPIRE ABO UNIT "E"	ment Name
1. Type of Well: OIL GAS WELL WELL WELL	OTHER		ENTINE 7850 ONTT	
2. Name of Operator ARCO Permian			8. Well No. 395	
3. Address of Operator P.O. Box 1089, Eunice, NM 8	8231		9. Pool name or Wildcat EMPIRE ABO	
4. Well Location Unit Letter B : 75	Feet From The N	Line and 182	Feet From The	E Line
Section 35	Township 17S Rai	nge 28E	NMPM EDDY	County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc. 3676.2' GR)	
11. Check At	mropriato Roy to Indicat		as Panart or Other	Data
NOTICE OF IN	ppropriate Box to Indicate FENTION TO:		SEQUENT REPORT	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE		ADAINDONNIE III
	П			X
OTHER:		OTHER: MIT		
 Describe Proposed or Completed O work) SEE RULE 1103. 	peration s Clearly state all pertinent de	tails, and give pertinent o	dates, including estimated dat	e of starting any propos
TD: 6300' PERFS: 6112	-6120' CIBP @ 6074'		00.21.2	2.232425363
Hawkins, OCD.	s test to 590#. Held 30 mi		ed by Phil	May CEIVED 33331
	Temporary Abandoned Status approve	e d		TATESIA
		-	<u> </u>	8700
I hereby certify that the information above is	true and complete to the best of my knowle	dge and belief.		
SIGNATURE MULLI W.	11 Junesh m	Sr. Administrati	ive Assistant DATE	10/24/01
TYPEOR PRINT NAME Kellie D. Mur	rish		TELEPHONE N	o. 505-394-1649
(This space for State Use)		Compliance (Officer pare i	1-9-01



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