

Oil CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
OPERATOR	1

RECEIVED

3a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. 647-368 647-363, 647-320

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)		APR 10 1979
O. C. C. ARTEZIA, OFFICE		2. Unit Agreement Name Empire Abo Pressure Maintenance Project
Name of Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company		8. Farm or Lease Name Empire Abo Unit "G"
Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 352
Location of Well UNIT LETTER J, 2200 FEET FROM THE South LINE AND 1450 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 17S RANGE 28E NMPM.		10. Field and Pool, or Wildcat Empire Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3662.2' GR		12. County Eddy

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER ☐	OTHER ☒ Change In Operator Name
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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 1103.

Operator name changed from Atlantic Richfield Company to ARCO Oil & Gas Company - Division of Atlantic Richfield Company effective April 1, 1979. Please change your records accordingly.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>[Signature]</u>	TITLE <u>Dist. Drlg. Supt.</u>	DATE <u>4-6-79</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>APR 11 1979</u>
CONDITIONS OF APPROVAL, IF ANY:		