## Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department



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Form C-103 Revised 1-1-89	Į

District Office				'		X CV EAC	11-1-69 V
DISTRICT I P.O. Box 1980, Ho	bbs. NM 88240	OIL CONSERV			WELL API NO.		
DISTRICT II		P.O. E Santa Fe. New M	Sox 20 Sexico	87 1991 87 1991	30-015-	-22865	···
P.O. Drawer DD, A	Artesia, NM 88210			O. C. D.	5. Indicate Type	STATE X	FEE 🗌
DISTRICT III 1000 Rio Brazos R	d., Aziec, NM 87410		<b>V</b>	ARTESIA OFFICE	6. State Oil & C		
		ES AND REPORTS O					
( DO NOT USE	DIFFERENT RESERV	POSALS TO DRILL OR TO D MOIR. USE "APPLICATION I 01) FOR SUCH PROPOSAL	FOR PE		7. Lease Name	or Unit Agreement Nam	<b>16</b>
1. Type of Well:	مده ر		<del></del>			!!a!!	
WELL X  2. Name of Opera	wert [	OTHER	<del></del> -		EMPIRE  8. Well No.	ABO UNIT "G"	<del></del>
ARCO OIL	AND GAS COMPA	NY			353		
BOX 1710	xalor , HOBBS, NEW M	EXICO 88240			9. Pool same or EMPIRE		· · · · · ·
4. Well Location Unit Lette	J . 1420	Feet From TheSOUT	TH.	Line and 20	50 Feet Fro	EAST	Line
Section	34	Township 17S	<b>D</b> .		<del></del>	EDDY	
			whether	DF, RKB, RT, GR, etc.)	TWIFM	V////////	County
<i>(////////////////////////////////////</i>	Check A	ppropriate Box to Ind		Nature of Notice, R	eport, or Othe	<u></u>	
N	IOTICE OF INTE					REPORT OF:	
PERFORM REME	DIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASIN	3 <u> </u>
TEMPORARILY AS	BANDON	CHANGE PLANS		COMMENCE DRILLING	GOPNS.	PLUG AND ABANE	XONMENT [
PULL OR ALTER CASING CAS			CASING TEST AND CE	EMENT JOB			
OTHER:				OTHER: TEM	PORARILY AE	BANDON	X
12. Describe Propos work) SEE RUI		ns (Clearly state all pertinent d	श्वितारः, बर	nd give pertinent dates, inclu	ding estimated date	of starting any proposed	1
•		R FIELD BLOW DOWN	I				
TD - 6350	)'; PERF: 6218-	-38'					
5/15/91	BETWEEN CSG (PU CIBP RIH )	/TBG. RIH w/BIT COLLAR AND PERFS FAG CIBP. PULL U .D. CIRC w/8.6# ED.	(20 <b>'</b> )	) - MISSED - SET JT. SET CIBP -	r CIBP IN F TEST 500#	PERFS. POH FOR 15 MIN.	
<del></del>					,,,,,		
I hereby certify that the	ne information above in true an	d complete to the best of my knowl		Adminiatratio	ve Supervis	sor 5/23/	91
SIGNATURE	James D. Co	achurn	m		, o supervise	DAIE	392-1600
TYPE OR PREST NAME		ogbuin		· · · · · · · · · · · · · · · · · · ·		TELEPHONE NO.	372 1000
(This space for State I	Lan-		_	Call Pas		DATE 5/25	9/91
APPROVED BY—	OVAL PANY:	44.2	— m	e to the total	W2 W4	DATE VICE	<del>/ '</del>
WHEN THE PARTY OF THE	<b></b>	ini Aba	is ap Indon	proval of Tempo ment Expires _	5/96		

