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 Revised 1-1-8

District Office	and it it is and it is it is	ar resources Departmen		Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mer		30-015-228		
DISTRICT III			5. Indicate Typ	STATE X FEE]
1000 Rio Brazos Rd., Aztec, NM 8741	0		6. State Oil & (Jas Lease No.	
SUNDRY NOT	TICES AND REPORTS ON W	ELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPER BLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PROPOSALS TO DRILL OR TO DEEPER BLUG BACK TO A			7. Lease Name or Unit Agreement Name		
1. Type of Well:	C-101) FOR SUCH PROPOSALS.)3		EMPIRE A	BO UNIT "G"	
OIL GAS WELL WELL	OTHER	OCT 25 1003			
2. Name of Operator			8. Well No.		
ARCO Permian		A Cic.	353		
3. Address of Operator P.O. Box 1710, Hobbs, New Me	xico 88240	DigT. 2	9. Pool name or EMPIRE A		
4. Well Location Unit Letter J 1420		·			
Unit Letter J : 1420	Feet From The S	Line and 2050	Feet Fro	om The E Li	ne
Section 34	Township 17S	Range 28E	NMPM EDDY	Count	
		ether DF, RKB, RT, GR, etc.)	1111111	Count	
11. Chack A				<u> </u>	
CHECK A	ppropriate Box to Indica	3			
NOTICE OF IT	NTENTION TO:	SUB	SEQUENT I	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	Γ
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS	PLUG AND ABANDONMENT	\vdash
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB		
OTHER:		_			
 Describe Proposed or Completed Opwork) SEE RULE 1103. 	erations (Clearly state all pertinent d	etails, and give pertinent dates	, including estimate	ed date of starting any proposed	
TD: 6350' PERFS: 6218-6238' CI HOLD WELLBORE FOR FIELD B 09/17/96 CSG MIT WITNESSED B MIT EVERY FIVE YEARS IN ACC W[] HOLD WELLBORE FO^field	LOW DOWN Y KEN LIVINGSTON OR RAY SI	MITH FOR NMOCD 03			
	This Anna	oval of Temporary		· · ·	
	Abandonme	nt Expires	9/2		
		- Control of the Cont			
The state of the s					
I hereby certify that the information above is t	rue and complete to the best of my knowle	dge and belief.	-2 4		_
SIGNATURE KELLER W. M.	einesk 1	THE <u>Admin (</u>	Isst	DATE _/0-25-96	_
). MILRRISH			TELEPHONE NO. 391-16.4	' (
(This space for State Use)					= /

