

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 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-015-22895

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
647-371

7. Lease Name or Unit Agreement Name  
EMPIRE ABO UNIT "F"

8. Well No.  
343

9. Pool name or Wildcat  
EMPIRE ABO

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3662.5' GR

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 ☐ GAS WELL ☐ OTHER Gas Injected

2. Name of Operator  
ARCO Permian

3. Address of Operator  
P.O. Box 1089 Eunice, NM 88231

4. Well Location  
Unit Letter F : 2300 Feet From The N Line and 1675 Feet From The W Line  
Section 34 Township 17S Range 28E NMPM EDDY County

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: ☐

**SUBSEQUENT REPORT OF:**

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

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.

TD: 6383' PBD: 6140' PERFS: 6024-6042'

3/25/99: CSG MIT WITNESSED BY KEN LIVINSTON - NMOC, AND KENT  
WHITMIRE - ARCO. PRESS TESTED TO 500#. HELD 15 MINS. HELD OK. CHART  
ATTACHED.

This Approval of Temporary  
Abandonment Expires 2004



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

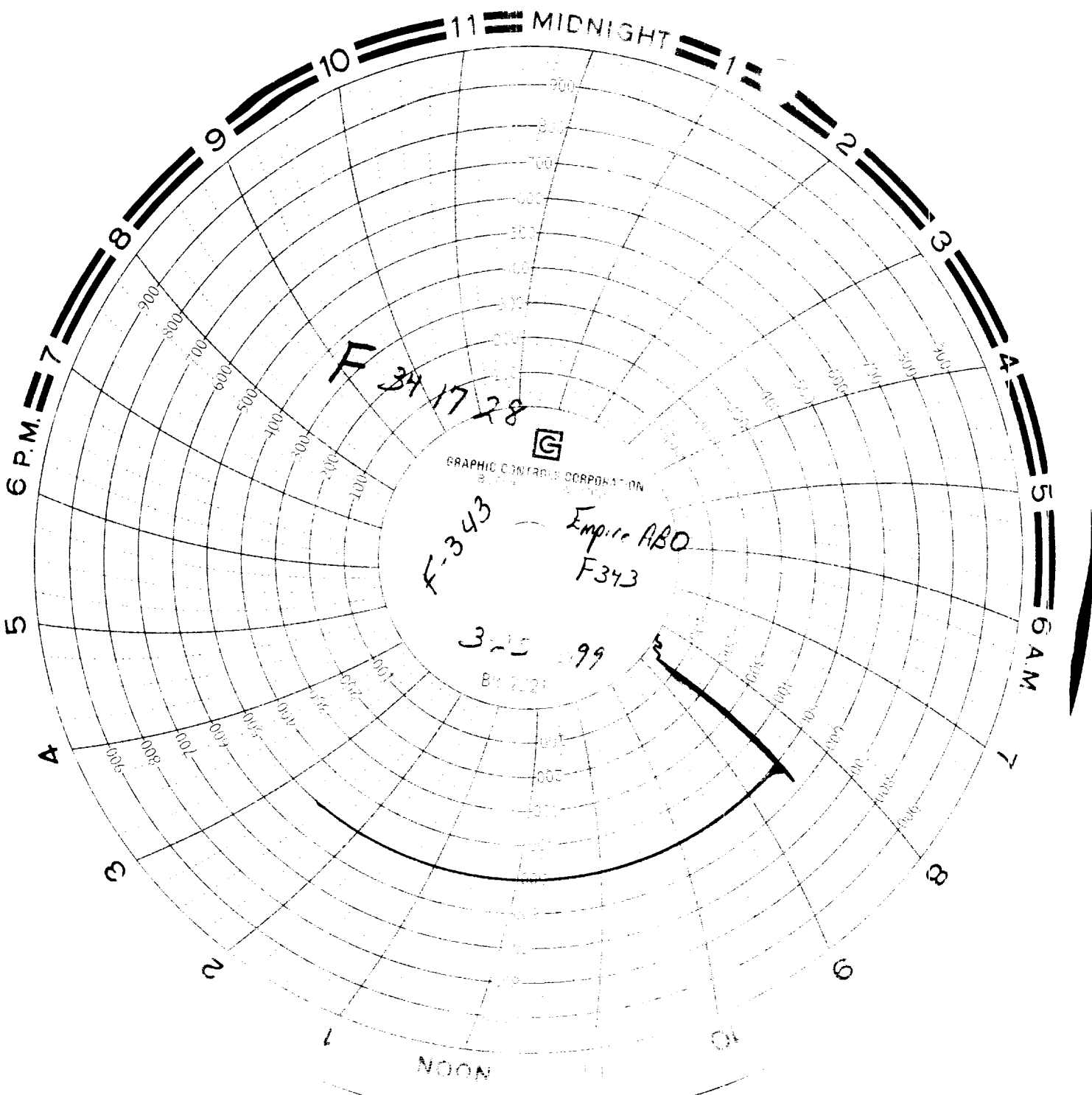
SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 4/16/99

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY Jim W. [Signature] TITLE District Supervisor DATE 4-30-99

CONDITIONS OF APPROVAL, IF ANY:



F 34 17 28



GRAPHIC CONTROLS CORPORATION

F-343

Empire ABO  
F343

3-15 99

BY 2121