Submit 3 Copies

State of New Mexico

Form C-103

__ DATE ___

to Appropriate District Office	Energy, Minerals and Natural R	desources Department	Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-015-22927	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	YE X FEE .
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.)		7. Lease Name or Unit Agree EMPIRE ABO UNIT	ement Name
I. Type of Well: OIL GAS WELL WELL	OTHER			
2. Name of Operator ARCO Permian			8. Well No. F-364	
3. Address of Operator P.O. Box 1710, Hobbs, New Mex	ico 88240		9. Pool name or Wildcat EMPIRE ABO	
4. Well Location Unit Letter H : 1550	Feet From The N	Line and 750	Feet From The_E	Line
Section 34	Township 17S Ra	inge 28E	NMPM EDDY	County
	10. Elevation (Show whethe	TDF, KKB, KI, GK, etc.)		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. D PLUG AN	d abandonment [
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER:		OTHER: SQUEEZE	PERFS/ADD PERFS	
12. Describe Proposed or Completed Opwirk) SEE RULE 1103.	erations (Clearly state all pertinent detail	ils, and give pertinent date	s, including estimated date of sta	arting any proposed
TD: 6350' PBD: 6010' PERFS: 5	934-6004'			
02/23/95: SET CR @ 6015', hALL/ CLASS "C" NEAT, 140 SACKS IN 5964-5984', 5934-5944', SPOT ACI 5934-6004' W/3000 GALS 15% NEF	FORMATION, 160 SACKS REVER: D 6007-5934'. SET PKR @ 5890.05'	SED OUT TO PIT. PE	RF ABO 5984-6004',	
			RECENTAL MAR 1 6 1995 OIL CO	<u></u>
			MAR 1 6 1995	· 9
,	`		OIL CO	U ₩.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TULLE A.	Munst m	Administrative Assis	tant DATE	03/15/95
TYPE OR PRINT NAME Kellie D. Murtish	/ 1		TELEPHONE I	NO. 391-1649
(This space for State Use)				

_____TITLE __

APPROVED BY ____ CONDITIONS OF APPROVAL, IF ANY: