

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 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

JAN 29 1993

O. C. D.

WELL API NO. 30-015-23007
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 647
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "B"
8. Well No. 42
9. Pool name or Wildcat EMPIRE ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3671.4 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator ARCO OIL & GAS COMPANY
3. Address of Operator P O BOX 1710 HOBBS, NM 88240	4. Well Location Unit Letter F : 2109 Feet From The NORTH Line and 1778 Feet From The WEST Line Section 25 Township 17 S Range 28 E NMPM EDDY County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: TEMPORARILY ABANDON <input checked="" type="checkbox"/>

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 10929, PBD 7075, PERFS 6166-6270, PKR 6062

1/7/93 CIRCULATE W/135 BBLs 8.6# BRINE AND UNICHEM PKR FLUID, SET PKR & PRESSURE TEST
CSG TO 500# FOR 15 MINUTES.

WELL TA 1/7/93 (CHART ATTACHED)

WELL TO BE RETAINED AS A MONITOR WELL FOR WATER INFLUX.

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

SIGNATURE James Cogburn TITLE Operations Coordinator DATE 1/26/93
TYPE OR PRINT NAME James Cogburn TELEPHONE NO. 391-1621

(This space for State Use)

APPROVED BY M. R. Walker TITLE SUPERVISOR, DISTRICT II DATE 2/19/93
CONDITIONS OF APPROVAL, IF ANY: