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 Office				
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.	
DISTRICT II			30-015-03180	
P.O. Drawer DD, Artesia, NM 88210	,		5. Indicate Type of Lease	بيني الم
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	-
SUNDRY NOTI	CES AND REPORTS ON W	ELLS		/////
(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 Agreement Name EMPIRE ABO UNIT "B"	2111
1. Type of Well: OIL GAS WELL WELL	OTHER X		LIFTIC ADD UNIT B	
2. Name of Operator ARCO Permian			8. Well No. 49	
3. Address of Operator P.O. Box 1089 Eunice, NM 8	8231		9. Pool name or Wildcat EMPIRE ABO	
4. Well Location Unit Letter E: 1980	Feet From The N	33	•	
	rect Flom the	Line and	SU Feet From The W I	Line
Section 29	Township 17S	Range 29E nether DF, RKB, RT, GR, etc	NMPM EDDY Cou	nty
	10. Elevation (Show wi	emer Dr, KKB, KI, GK, etc	:)	
11. Check App	propriate Box to Indica	te Nature of Notice,	Report, or Other Data	4222
NOTICE OF IN	TENTION TO:	SUE	SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	. [
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:		OTHER: MIT		_ [<u>x</u>
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent	details, and give pertinent da	tes, including estimated date of starting any propo	osed
UNDERGROUND INJECTION CONDIVISION. TEST RUN ACCORD	NTROL PROGRAM AS MANDATE DING TO OIL CONSERVATION	D BY THE NEW MEXICO O	OIL CONSERVATION TS (RULE 704A)	
TD: 6300' PBTD: 6295' PER	RFS: 6224-6292'		2008 COCHED 1891	
			205 (CO) 89	
2/17/2000: CSG MIT WITNES WHITMIRE - ARCO. PRESS TE ATTACHED.			197 ES/A 107	
			ेरागिशकार्	
/				
I hereby certify that the information above is the	ue and complete to the best of my knowl	ledge and belief.		
SIGNATURE JULIE M.	\mathcal{W}	THLE Administrative	Assisstant DATE 3/1/00	
TYPEOR PRINT NAME Kellie D. Muri	rish		TELEPHONE NO. 505-394-16	<u> 49</u>
(This space for State Use)				
APPROVED BY		TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:	oly. Who es	Franking of Faller	(1) ell	

