NO. OF COPIES RECEIVED	3			Form C-103
DISTRIBUTION				Supersedes Old
SANTA FE	17		NEW MEXICO OIL CONTRELEVATION COMMISSION	C-102 and C-103
FILE	1	V		Effective 1-1-65
U.S.G.S.		1		5a. Indicate Type of Lease
LAND OFFICE	+	<u> </u>	OCT 2 3 1914	State X Fee
OPERATOR	17	<u> </u>		5. State Oil & Gas Lease No.
	1.4.	I		
	C1 1			E-4201
(DO NOT USE THIS FO		NUR PRO	Y NOTICES AND REPORTS ON WELLEGIA, OFFICE POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT	(1))))))))))))))))))))))))))))))))))))
1. OIL GAS		1		7. Unit Agreement Name
WELL X WEL	۰ L	J	OTHER-	
2. Name of Operator				8. Farm or Lease Name
Atlantic Richfi	ield	Co	mpany mpany	Empire Abo Unit B
3. Address of Operator				9. Well No.
P. O. Box 1710.	Но	bbs	, New Mexico 88240	45
4. Location of Well		<u> </u>	<u>,</u>	45 10. Field and Pool, or Wildcat
		2	310 FEET FROM THE North LINE AND 330 FEET FROM	
	<u> </u>		FEET FROM THE LINE AND FEET FROM	Empire Abo
west			N 30 TOWNSHIP 17S RANGE 29E NMPM.	ΔΗΠΗΠΗΠΗΠΗΤΗ
	INE, S	ECTIO	N TOWNSHIP RANGE 29E NMPM.	
<u> </u>	$\overline{\Pi}$	$\overline{\Pi}$	15. Elevation (Show whether DF, RT, GR, etc.)	
///////////////////////////////////////	())	$\left(\right) \left(\right) $	3670' DF	12. County
16.	777.	777.		Eddy
	Che	ck A	Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data
NOTIC	CE O	FIN		REPORT OF:
	-			
PERFORM REMEDIAL WORK	ļ		PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	ļ		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING]		CHANGE PLANS CASING TEST AND CEMENT JOB	
			OTHER Shut in. Allowal	ble Transferred x
OTHER				
19 10				
 Describe Proposed or Contract 	mplete	ed One	erations (Clearly state all pertinent datails and size and si	

te all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

> The above well was shut-in on October 1, 1973. This well was shut-in because it is a high GOR well. Allowable transferred under NMOCC Orders R-4548, R-4549, R-4549-A, R-4549-B. Also holding for secondary recovery.

hereby certify that the info

is, I hereby certify that the information above is true and	complete to the best of my knowledge and belief.	
SIGNED	Dist. Prod. & Drlg. Supt.	DATE October 31, 1974

ressect CONDITIONS OF APPROVAL, IF ANY

OIL AND GAS INSPECTOR

NOV 2 2 1974