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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

RECEIVED

JUN 23 1978

5a. Indicate Type of Lease	State ☒ Fee ☐
5. State Oil & Gas Lease No.	B-2071-24
7. Unit Agreement Name	Empire Abo Pressure Maintenance Project
8. Farm or Lease Name	Empire Abo Unit "G"
9. Well No.	343
10. Field and Pool, or Wildcat	Empire Abo
12. County	Eddy

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR NOTICES TO ABILE OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL OR (WELL) C-101, FOR OTHER PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

ARTESIA, OFFICE

Name of Operator
Atlantic Richfield Company

Address of Operator
P. O. Box 1710, Hobbs, New Mexico 88240

Location of Well
UNIT LETTER K 1330 FEET FROM THE South LINE AND 1970 FEET FROM
THE West LINE, SECTION 34 TOWNSHIP 17S RANGE 28E N.M.P.M.

13. Elevation (Show whether DF, RT, GR, etc.)
3659.5' GR

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 ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
WELL OR ALTER CASING ☐	OTHER ☒ Request Extension of Drilling Approval	CASING TEST AND CEMENT JOBS ☐	

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.

The OCC approval to drill the above captioned well expired on June 20, 1978. The drilling of this well has been delayed by co-owners for approval of a special well logging program. Please extend Permit to Drill, Deepen or Plug Back for an additional 90 days.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 9-26-78

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

DATE	TITLE	DATE
6/21/78	Dist. Drlg. Supt.	6/21/78
DATE	TITLE	DATE
JUN 26 1978	SUPERVISOR, DISTRICT II	

CONDITIONS OF APPROVAL, IF ANY: