APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III DISTRICT III R.O. Drawer DD, Artesia, NM 88210 DISTRICT III R.O. Drawer DD, Artesia, NM 88210			Form C-103 Revised 1-1-89	P	
			WELL API NO. 30-015-00717		
			5. Indicate Type of Lease STATE X FEE		
			6. State Oil & Gas Lease No. 06-693		
SUNDRYN	IOTICES AND REPORTS ON WEL				
(DO NOT USE THIS FORM FOR DIFFERENT RI (FOR	PROPOSALS TO DRILL OR TO DEEPEN ESERVOIR. USE "APPLICATION FOR PER M C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT"K"			
1. Type of Well: Oil GAS WELL X WELL	L OTHER		8. Well No.	_	
2. Name of Operator			16		
ARCO Permian			9. Pool name or Wildcat	_	
3. Address of Operator P.O.BOX 1610, MIDLAN	ID, TX 79702		EMPIRE ABO	-	
4 WI II I section	980 Feet From The SOUTH	Line and 660	Feet From The EAST Lir	10	
	100	Range 27E	NMPM EDDY Count	y	
Section 2	Township 185	ther DF, RKB, RT, GR,			
	//////////////////////////////////////			<u> </u>	
Checl	k Appropriate Box to Indicat	e Nature of Notic	e, Report, or Other Data		
11. Cneci	F INTENTION TO:	SU	JBSEQUENT REPORT OF:		
NOTICE	rinieniion io.		ALTERING CASING		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	<u></u>		
	CHANGE PLANS	COMMENCE DRILL	ING OPNS. PLUG AND ABANDONMENT	لــا	
TEMPORARILY ABANDON	CHANGE FEATO	CASING TEST AND			
PULL OR ALTER CASING	□	•	**	X	
OTHER:		1	HORIZONTAL EXTENSION		
01-17-95. RUPU. POI TO 6085. MILL OUT	H W/CA. SET CR 0 5990. SQ 5 1/2 CSG F/6009-6069. UN DO CMT F/5814-6039. RAN G	Z'D ABO PERFS 6 DERREAM 6009-60 YRO SURVEY F/SU	t dates, including estimated date of starting any proposition of the starting and proposition of the starting any proposition of the starting and starting any proposition of the starting and startin	& CM G 3/4	
02-06-95.			MAR 2 9 1995		
02-13-95. IN 24 HR	S PUMPED 25 BO,239 BW, 39	<i>.</i> 1101 .			
			OIL CON. D DIST. 2	ĺΨ. 	
I hereby certify that the information	n above is true and complete to the best of my kno	owledge and belief.	DATE <u>03-28-95</u>		
SIGNATURE KON U) Somell	TITLE AGENT	DATE UN-ZO-SM		
TYPE OR PRINT NAME KEN W.	GOSNELL		TELEPHONE NO.915 688-	<u>5672</u>	
(This space for State Use)	HAL SIGNED BY TIM W. GUM ICT II SUPERVISOR		MAR 3 1	1995	
APPROVED BY		_			