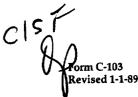
State of New Mexico



Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. 2040 Pacheco St. P.O. Box 1980, Hobbs NM 88241-1980 30-015-00734 Santa Fe, NM 87505 DISTRICTII 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE \square DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Empire Abo Unit "J" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: GAS WELL WELL X OTHER 8. Well No. 2. Name of Operator 14 ARCO Permian 9. Pool name or Wildcat 3. Address of Operator Empire Abo P.O. Box 1089 Eunice, NM 88231 4. Well Location Feet From The Line Line and Feet From The Eddy Range Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT X COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: -OTHER: 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. Propose to TA wellbore Pkr or CIBP set @ 5536 5688 Perforated interval 5,748-5,776 Load and test AS Per Kule 203 Notify OCD prior to commencing operations Notify OCD 24 hrs. prior to any work done I hereby certify that the information above is true and complete to the best of my knowledge and belief. TILE Sr. Administrative Assistant DATE TELEPHONE NO. 505-394-1649 TYPE OR PRINT NAME Kellie D (This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: