

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CISF  
Op

Form C-103  
Revised 1-1-89

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-015-00741

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(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.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
ARCO Permian

3. Address of Operator  
P.O. Box 1089 Eunice, NM 88231

7. Lease Name or Unit Agreement Name  
Empire Abo Unit "J"

8. Well No.  
15

9. Pool name or Wildcat  
Empire Abo

4. Well Location  
Unit Letter G : 2310 Feet From The N Line and 1980 Feet From The E Line  
Section 02 Township 18S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

**Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**  
**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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 @ ~~5632~~ 5713'  
Perforated interval 5773-5873'  
Load and test AS Per Rule 202  
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.

SIGNATURE

*Kellie D. Murrish*

TITLE Sr. Administrative Assistant

DATE 09/28/01

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY

*[Signature]*

TITLE

*[Signature]*

DATE

10-9-01

CONDITIONS OF APPROVAL, IF ANY: