NO. OF COPIES RECEIVED	3		RECEIVED	Form C-103	
DISTRIBUTION				Supersedes Old C-102 and C-103	
SANTA FE	1		NEW MEXICO OIL CONSERVATION COMMISSION UCT 2 9 1974	Effective 1-1-65	
FILE	1	4	001291974		
U.S.G.S.				5a. Indicate Type of Lease	
LAND OFFICE			O. C. C.	State X Fee	
OPERATOR	1		ARTESIA, OFFICE	5. State Oil & Gas Lease No.	
· · · · · · · · · · · · · · · · · · ·				E-7989	
DO NOT USE THIS F	SU ORM FO	NDR	Y NOTICES AND REPORTS ON WELLS posals to drill or to deepen or plug back to a different reservoir. Ion for permit -'' (form C-101) for such proposals.)		
1.				7. Unit Agreement Nume	
OIL X GAS			OTHER-		
2. Name of Operator				8. Farm or Lease Nome	
Atla	Empire Abo Unit R				
3. Address of Operator	9. Well No.				
P. 0	8				
4. Location of Well				10. Field and Pool, or Wildcat	
UNIT LETTERH	Empire Abo				
				AIIIIIIIIIIIIIIIIIIIIIII	
THE East					
	<del></del>				
$\Delta M M M M M M M M M M M M M M M M M M M$	////	///	15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
	711,	777	3447'RDB	Eddy	
16.	Che	eck ,	Appropriate Box To Indicate Nature of Notice, Report or Otl	ner Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK			PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING			CHANGE PLANS CASING TEST AND CEMENT JOB		
_	-		OTHER Shut in. Allows	ble Transferred x	
OTHER					
<u></u>					

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17. 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 above well was shut-in on October 1, 1974. This is a high GOR well. Allowable was transferred under NMOCC orders R-4548, R-4549, R-4549-A, R-4549-B. Also holding for secondary recovery.

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

S IGNED	TITLE Dist. Prod. & Drlg. Supt.	DATE October 31, 1974
APPROVED BY Waspesset	OIL AND GAS INSPECTOR	NOV 2 2 1974

CONDITIONS OF APPROVAL, IF ANY: