

016F  
OF

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

DISTRICT I  
P.O. Box 1980, Hobbs NM 88240

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.  
30-015-02553

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.)

7. Lease Name or Unit Agreement Name  
EMPIRE ABO UNIT "I"

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
30

2. Name of Operator  
ARCO Permian

9. Pool name or Wildcat  
EMPIRE ABO

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

4. Well Location  
Unit Letter C : 330 Feet From The N Line and 1675 Feet From The W Line  
Section 4 Township 18S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3671' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>TEMPORARILY ABANDONED</u> <input checked="" type="checkbox"/>	

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.

TD: 6300' PERFS: 6139-6173' CIBP @ 6128.25'  
09/20/96 CSG MIT WITNESSED BY KEN LIVINGSTON AND RAY SMITH FOR NMOCD  
MIT EVERY FIVE YEARS IN ACCORDANCE TO NMOCD RULE 203  
-2- field

This Approval of Temporary  
Abandonment Expires 9 25 96

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE Kellie D Murrish TITLE Admin Asst DATE 10/25/96

TYPE OR PRINT NAME KELLIE D MURRISH TELEPHONE NO. 391-1649

(This space for State Use)  
APPROVED BY [Signature] TITLE FO DATE 11-27-96

CONDITIONS OF APPROVAL, IF ANY:

