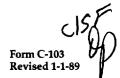
## State of New Mexico Energy, Minerals and Natural Resources Department



| Submit 3 Copies |
|-----------------|
| to Appropriate  |
| District Office |
|                 |

CONDITIONS OF APPROVAL, IF ANY:

| District Office   | OTT CONCEDUATE   | N. 1011/1/01/03            | Ţ  |
|---|--|----------------------------|--|
| <u>DISTRICT I</u><br>P.O. Box 1980, Hobbs NM 88241-1980   | OIL CONSERVATIO  |                            | WELL API NO.   |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210  | Santa Fe, NM   |                            | 30 - 015 - 02617  5. Indicate Type of Lease              |
| DISTRICT III  |  |                            | STATE X FEE 6. State Oil & Gas Lease No.                 |
| 1000 Rio Brazos Rd., Aztec, NM 87410  |  |                            | o. State Off & Gas Lease 140.                            |
| 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 "K" |
| 1. Type of Well: OIL WELL X GAS WELL L  | OTHER  |                            |  |
| 2. Name of Operator ARCO Permian  |  |                            | 8. Well No. <b>24</b>                                    |
| 3. Address of Operator P.O. Box 1089 Eunice, NM 8   | 38231  |                            | 9. Pool name or Wildcat Empire Abo                       |
| 4. Well Location Unit Letter I : 2310   | Feet From The S  | Line and 99                | 0 Feet From The E Line                                   |
| Section 06  | Township 18S Ray                                       | nge 28E                    | NMPM Eddy County   |
|   | 10. Elevation (Show wheth                              |                            |  |
| 11. Check A   | nnronriate Roy to Indicat                              | e Nature of Noti           | ce, Report, or Other Data                                |
| NOTICE OF IN  |  |                            | SEQUENT REPORT OF:                                       |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                                       | REMEDIAL WORK              | ALTERING CASING  |
| TEMPORARILY ABANDON   | CHANGE PLANS   | COMMENCE DRILLING          | GOPNS. PLUG AND ABANDONMENT                              |
| PULL OR ALTER CASING  |  | CASING TEST AND CE         | EMENT JOB  |
| OTHER:  |  | OTHER: TA & MIT            |  |
| 12. Describe Proposed or Completed C  | OperationsClearly state all pertinent de               | etails, and give pertinent | dates, including estimated date of starting any prop     |
| <b></b>   |  |                            |  |
|   | set @ 6220', Perforated inte                           |                            |  |
|   | ted wellbore. Pressure up t<br>CD but did not witness. | to 560#, held 30 m         | ins. Chart attached.                                     |
| Retain wellb  |  |                            |  |
| Well TA'd   | ·  | •                          | No. of the second  |
|   |  |                            |  |
|   |  |                            | REAL SIA   |
| Temporary Abandoned Status approved until   |  |                            | 8,331  |
|   |  |                            |  |
| I hereby certify that the information above   | is true and complete to the best of my knowled         |                            | 20.427.04  |
| SIGNATURE AUGUA .   | "funcse m  | LE <u>Sr. Administrat</u>  |  |
| TYPE OR PRINT NAME Kellie D. Mu   | rrish  |                            | TELEPHONE NO. 505-394-1649                               |
| (This space for State Use)  | <i>S</i>   | Lit                        | 11 Sep P 12-28-01  |
| A DDDCOVED BY   | <i>/ //</i> 1 \ mm                                     | I. <del>F</del>            | DAIE   |

