Submit 3 Copies
to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•	Reviseu 1-	1-07
DISTRICT I	OIL CONSERVA	TION DIVISION	WELL API NO.	- · · ·
P.O. Box 1980, Hobbs NM 88240 DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-015-22013	
PO Drawer DD, Artesia, NM 88210	Santa re, New M	textco 8/304-2088	5. Indicate Type of Lease STATE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741	0		6. State Oil & Gas Lease No.	FEE .
TANK RIO BIAZOS RU., AZIEC, MINI 8741	· · · · · · · · · · · · · · · · · · ·		or on a dus posse ito.	
SUNDRY NOT (DO NOT USE THIS FORM FOR PR	TICES AND REPORTS ON TROPOSALS TO DRILL OR TO DE	WELLS EPEN OR PLUG BACK TO A		
	ERVOIR. USE "APPLICATION FO C-101) FOR SUCH PROPOSALS.		7. Lease Name or Unit Agreement Name	
I. Type of Well:		,	EMPIRE ABO UNIT "L"	
OIL GAS WELL	OTHER X			
2. Name of Operator			8. Well No.	
ARCO Permian 3. Address of Operator	T-1-T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		9. Pool name or Wildcat	
P.O. Box 1710, Hobbs, New Me	exico 88240		EMPIRE ABO	
4 Well Location Unit Letter O : 90	Feet From The S	Line and 1456	Feet From The E	
	rect from the	Line and	reet From the	Line
Section 02	Township 18S	Range 27E whether DF, RKB, RT, GR, etc.)	NMPM EDDY	County
	10. Elevation (Show	wneiher Dr., KKB, KI, GK, eic.)		
Check A	ppropriate Box to Indi	cate Nature of Notice	, Report, or Other Data	
NOTICE OF IT	NTENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	ſ
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN		NIMENT
PULL OR ALTER CASING		CASING TEST AND C		MIENT (
	1	CASING MO		ſ
OTHER:		OTHER: CASING WIL		l
12. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state all pertiner	nt details, and give pertinent date	s, including estimated date of starting any pro	oposed
CONDUCTED CASING MECHAN			TACHED. TEST WITNESSED	
BY VICKI HERNANDEZ WITH A	RCU PERMIAN AND GARY W	ILLIAMS, NMOCD.		
This Approval of Temporary			RECEIVED	
Abandonment Ex	cpires 2000		MAR 1 6 1995	
			OIL CON. DIV.	ł
			DIST. 2	
I hereby certify that the information above is	true and complete to the heat of well-	owledge and helief	·	
Kill	411	•	Anna Anna Anna Anna Anna Anna Anna Anna	
SIGNATURE / / / / / /	upunise	TITLE Administrative Assis	tant DATE 03/15/95	
TYPE OR PRINT NAME Kellie D. Murris	sh		TELEPHONE NO. 391-164	9
(This space for State Use)				
ADICINAL SICA	ien by bay simith -			

TITLE _

APPROVED BY