CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103 Revised 1-1-89

District Office		AND THE PROPERTY OF THE		•
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO. 30-015-22489	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	5. Indicate Type of Lease	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-3823-1	
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 GAS WELL X WELL	OTHER			
2. Name of Operator V			8. Well No. 282	
3. Address of Operator P.O. Box 1710. Hobbs. New Mexico 88240			9. Pool name or Wildcat Empire Abo	
4. Well Location Unit Letter A : 115		Line and12	Feet From TheE	Line
Section 5	Township 18S R	ange 28E	NMPM EDDY	County
	10. Elevation (Show wheth	ner DF, RKB, RT, GR, et 3655.1' GR	c.)	
	ppropriate Box to Indicate NTENTION TO:	Nature of Notice,	, Report, or Other Data BSEQUENT REPORT OF	:
	П		ALTERING CASING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK  COMMENCE DRILLING		NMENT
TEMPORARILY ABANDON  PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND C		
OTHER:		OTHER: Set CIBP	/ TA well	X
	perations (Clearly state all pertinent de	tails, and give pertinent d	ates, including estimated date of starting as	ny proposed
TD: 6370' PBD: 6142'	' CIBP: 5983' PERFS: 599	96-6140'	2199 2324 25	30
05/27/97: RIH w/5-1/2	CIBP, set @ 5983'. Circ	w/8.6# brine water	my production to the same of t	38575
Close in BOF Well TA'd.	. Load & test to 480#, he	1d 20°. Press tes	Dr. 3	15 GS 63
<b>3.5.</b> 1 53			OCD ARTESIA	93)
<b>a</b>			701A	5.25/ -
This Approved of Tartle Abandonment Expires	42002		19268L99	
	<b>,</b>			
Kill All	s true and complete to the best of my knowled	ige and belief. TILE <u>Administrative</u>	Assistant DATE 05/	24/99
SIGNATURE / CALLED AND NAME /				394-1649
TYPE OR PRINT NAME Kellie D. M. (This space for State Use)	MINISH	1 1 1		
16/18	<i>[</i>	Julk	DI DATE / /Ce/	re, 99
APPROVED BY			· · · · · · · · · · · · · · · · · · ·	•



