

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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OPERATOR	/

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APR - 9 1979

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

OG-103

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

O. G. C.
ARTEBIA, OFFICE

7. Unit Agreement Name
Empire Abo Pressure
Maintenance Project

8. Farm or Lease Name

Empire Abo Unit "K"

9. Well No.

232

10. Field and Pool or Wildcat

Empire Abo

1. Name of Operator
ARCO Oil and Gas Company
Division of Atlantic Richfield Company

2. Address of Operator
Box 1710, Hobbs, New Mexico 88240

3. Location of Well
UNIT LETTER J 2300 FEET FROM THE South LINE AND 1570 FEET FROM
THE East LINE, SECTION 6 TOWNSHIP 18S RANGE 28E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

3653.1' GR

12. County

Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other 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 JOBS ☐

OTHER Change in Operator Name ☒

OTHER ☐

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 Operator name changed for the Empire Abo Unit "K" #232 well from Atlantic Richfield Company to ARCO Oil & Gas Company - Division of Atlantic Richfield Company effective 4/1/79. Please change your records accordingly.

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

SIGNED *[Signature]*

TITLE Dist. Drlg Supt.

DATE 4/6/79

APPROVED BY *[Signature]*

TITLE SUPERVISOR, DISTRICT II

DATE APR 11 1979

CONDITIONS OF APPROVAL, IF ANY: