## Submit 3 Copies to Appropriate

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

Form C-103 Revised 1-1-89

\_ DATE \_\_

District Office			V
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVA		WELL API NO.
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. <u>DISTRICT II</u> Santa Fe, NM 87505		30-015-22528	
P.O. Drawer DD, Artesia, NM 88210	,		5. Indicate Type of Lease  STATE X  FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. OG-103
SUNDRY NOTION	CES AND REPORTS ON V	WELLS	
	POSALS TO DRILL OR TO DEE VOIR. USE "APPLICATION FOR 101) FOR SUCH PROPOSALS.	R PERMIT"	7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "K"
1. Type of Well: OIL GAS WELL GAS WELL GAS	OTHER		
2. Name of Operator			8. Well No.
ARCO Permian			232
3. Address of Operator P.O. Box 1089 Eunice, NM 8	3231		9. Pool name or Wildcat EMPIRE ABO
4. Well Location		1.5	
Unit Letter J : 2300	Feet From TheS	Line and 15	Feet From The E Line
Section 6	Township 18S	Range 28E	NMPM EDDY COUNTY County
		whether DF, RKB, RT, GR, et	
11. Check An	//////	3653.1' GR	Parasit as Other Data
NOTICE OF IN	• •	1	, Report, or Other Data  BSEQUENT REPORT OF:
NOTICE OF IN	TENTION TO:	_   301	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	
DEE ON AETEN CASING —	1		[ <del>7</del>
OTHER:		OTHER: MIT	[X
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertine	nt details, and give pertinent da	ates, including estimated date of starting any proposed
TD: 6350' PBD: 6340' PERI	FS: 6272-6282' PKR: 61	74'	i.
			On Path P
03/9/98: CSG MIT WITNESS			O CONTO
WHITMIRE - ARCO. PRESS TESTED TO 440#. HELD 15 MINS. HELD OK. CHART  ATTACHED.			
,,			VA
This Approval o	f Temporary	753	
Abandonment Exp	ires		
- W			
I hereby certify that the information above is tr	ue and complete to the best of my know	owledge and belief.	
SIGNATURE HILLS WI	Muss	TITLE Administrative	Assistant DATE 03/16/98
TYPE OR PRINT NAME Kellie D. Mur	/ rish		TELEPHONE NO. 505-394-1649
(This space for State Use	. ,		
March	wingston	O'L AND GAS	INSPECTOR 3-31-98