Submit 3 Copies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and	Natural Resources Dep	artment Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980		ATION DIVISION acheco St.	WELL API NO.
DISTRICT II	Santa Fe, NM 87505		30-015-20463-22463
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		1617 18 19 20 21 22 33 3	6. State Oil & Gas Lease No. B-2071-24
SUNDRY NOT	TICES AND REPORTS	XX WELLS To Sp.	
(DO NOT USE THIS FORM FOR PF DIFFERENT RESE (FORM C-	ROPOSALS TO DRILL OR TO/ RVOIR. USE "APPLICATION P 101) FOR SUCH PROPOSALS	FEPEN OR PLUGGEACK TO A FOR PERMIT RECEIVED	7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "G"
I. Type of Well: OIL GAS WELL X WELL	OTHER	OCD - ARTESIA	
2. Name of Operator	/	15346670	8. Well No.
P America Production Compan	y /	15308	343
3. Address of Operator .0. Box 1089 Eunice, NM 8	8231		9. Pool name or Wildcat EMPIRE ABO
I. Well Location Unit Letter K : 1500	Feet From The	S Line and 18	20 Feet From The W Line
24	176		
Section 34	Township 17S	Range 28E v whether DF, RKB, RT, GR, et	NMPM EDDY County
	///////	3659.5' GL	
11. Check Ap	propriate Box to In-	dicate Nature of Noti	ice, Report, or Other Data
NOTICE OF INT	ENTION TO:	SUB	SSEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
JILL OR ALTER CASING	CHAIGE FLAIG		[
THER:		CASING TEST AND CE	EMENT 306 — X
2. Describe Proposed or Completed Owork) SEE RULE 1103.	perationsClearly state all perti	nent details, and give pertinent	t dates, including estimated date of starting any prop
TD: 6370' PBD: 6308'	CIBP: 6100'		
	NMOCD witnessed test. re for future use.		
		โลกกา วังการการการการการการการการการการการการการก	orary Abandonad Status approved
		until	12-17-07
		Action Company	
1 11 VM	true and complete to the best of m		dur 4d-4
SIGNATURE (CLEEN)	ww.	_ ππ _{LE} <u>Sr. Administrat</u>	
TYPE OR PRINT NAME Kellie D. Mur	rish	· · ·	TELEPHONE NO. 505.394.1649
(This space for State Use)	20	Suld	A FEB 2 0 2003
APPROVED BY	<u> </u>	_ TITLE	DATE

