Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised July 18, 2013
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-015-22077
811 S. First SL, Artesia, NM 88210 OIL	CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No. 24704
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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.)		Penasco
1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator		8. Well Number 1
ABO EMPIRE, LLC		9. OGRID Number 371762
3. Address of Operator P.O. Box 900		10. Pool name or Wildcat
Artesia, NM 88211-0900 4. Well Location		Penasco Draw Morrow
Unit Letter <u>O</u> : 660 feet from the <u>South</u> line and 1980 feet from the East line		
Section 20 7	Fownship 18S Range 25E	NMPM County Eddy
11. Elevati	ion (Show whether DR, RKB, RT, GR, etc. 3573' GL	
12. Check Appropriate	e Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION	ITO: Í SUB	SEQUENT REPORT OF:
	ABANDON	K ALTERING CASING
TEMPORARILY ABANDON CHANGE I PULL OR ALTER CASING MULTIPLE		
CLOSED-LOOP SYSTEM		hange of Operator
13. Describe proposed or completed operation	ons. (Clearly state all pertinent details, and	give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Change of Operator: Effective Date:	: 10/01/2019	
Effective October 1, 2019, Vernon E	. Faulconer, Inc. (148394) has transf	ferred over all operating rights to:
ABO EMPIRE, LLC (371762)		
P.O. BOX 900 Artesia, NM 88211-0900		NM OIL CONSERVATION
ARTESIA, NM 88211-0900	bioner .	ARTESIA DISTRICT
	nted for reconly	OCT 0 4 2019
PCCo.	NIMOCD CITE	
	pted for record	RECEIVED
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true a	and complete to the best of my knowledge	e and belief.
SIGNATURE () and Louis	TITLE Attorney-in-Fact	DATE_10/1/2019
Type or print name Dan S. Lewis	E-mail address: dan@abo-empi	
For State Use Only		
APPROVED BY:		3
Conditions of Approval (if any):	TITLE	DATE
	ACCEPIED FOR IECON	-
	Idia	

/

,