Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

C\S\\\

District Office	Energy, Minerals and Natural Resources Department				Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240 DISTRICT II	P.O. Box 2088			WELL API NO. 30-015-01661	
DISTRICT II P.O. Drawer DD, Ariesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
SUNDRY NOT	ICES AND REPORTS ON	N WELL		647	
(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 "G"	
. Type of Well: OIL GAS WELL X WELL OTHER					
2. Name of Operator ARCO Permian				8. Well No. 26	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240				9. Pool name or Wildcat EMPIRE ABO	
4. Well Location Unit Letter K : 2310	Feet From The W		Line and 1650	Feet From The S	Line
Section 32	Township 17S		nge 28E	NMPM EDDY	County
	10. Elevation (Short 3671' GR	w whether	DF, RKB, RT, GR, etc.)		
Check A ₁	ppropriate Box to Inc	dicate	Nature of Notice	, Report, or Other	Data
NOTICE OF IN	TENTION TO:		SUB	SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	· 🗆	REMEDIAL WORK	☐ ALTERIN	G CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLIN	G OPNS. D PLUG AN	ND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CE			<u> </u>	
OTHER:	OTHER: PERF UPPE			ER ABO AND ACIDIZE	X
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertir	nens desail	ls, and give pertinent dates	s, including estimated date of s	tarting any proposed
TD: 6083' PBS: 6075' PERFS: 5	806-6068'				
08/08/95: PERF ABO INTERVAL : HCL ACID AND 2000 GALS COND	5806-6068' W/4" CSG GUN 2 DENSATE USING 360 BALL	JSPF. / SEALER	ACIDIZE ABO INTER SS.	VAL W/3500 GALS	
				RECE	IVED
				AUG 2	9 1995
				OIL CO	N. DIV.
				DIS"	F. 2
I hereby certify that the information above is	true and complete to the best of my	knowledge	and belief.		
SIGNATURE THE MY 9	June L	TML	Administrative Assist	tant DATE	08/28/95
TYPE OR PRINT NAME Kellie D. Murtisl	1			TELEPHONE	ENO. 391-1649
(This space for State Use)	TOTO BY THE M. GUY SUPPRISON	£.			
APPROVED BY	and gar in the second s	TITL	E	D≜TE	AUG 3 1 1995