

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87505

RECEIVED

SEP 08 '87

Form C-103
Revised 10-1-73

SUNDRY NOTICES AND REPORTS ON WELLS

O. C. D.

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT WELL. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company - Div of Atlantic Richfield Company	8. Farm or Lease Name Empire Abo Unit "F"
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 36
4. Location of Well UNIT LETTER <u>H</u> <u>2263.18</u> FEET FROM THE <u>North</u> LINE AND <u>660'</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> N.M.P.M.	10. Field and Pool, or Wildcat Empire Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3679' RDB	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Shut In <input checked="" type="checkbox"/>

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.

On 5/15/87 well produced 34 BO, 117 BW & 869 MCFG. Well died, could not kick off. Closed in tubing and casing valves and shut well in 6/01/87 pending evaluation. Final Report.

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

SIGNED Steven D. Smith TITLE Area Prod Supt. DATE 9/4/87

APPROVED BY Original Signed By TITLE Supervisor District II DATE SEP 14 1987
CONDITIONS OF APPROVAL, IF ANY: