CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

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Form C-103 Revised 1-1-89	BA	

Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natur		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION 2040 Pacheco		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	30-015-21535 te Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State C	Oil & Gas Lease No.
SUNDRY NO	TICES AND REPORTS ON WI	ELLS ///////	
DIFFERENT RESE	ROPOSALS TO DRILL OR TO DEEPE ERVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	RMIT"	Name or Unit Agreement Name ABO UNIT "E"
1. Type of Well: OIL GAS WELL WELL	OTHER		
2. Name of Operator ARCO Permian		8. Well N	
3. Address of Operator P.O. Box 1089, Eunice, NM	38231	9. Pool n EMPIRE	ame or Wildcat ABO
4. Well Location Unit Letter D : 119	Feet From The N	Line and 10 F	Feet From The Line
Section 35		nge 28E NMPM	EDDY County
	10. Elevation (Show wheth	ner DF, RKB, RT, GR, etc.) 3686.1' GR	
11. Check A	ppropriate Box to Indicat	e Nature of Notice, Rep	oort, or Other Data
NOTICE OF IN	TENTION TO:	SUBSEQUE	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JO	в
OTHER:		OTHER: MIT	X
12. Describe Proposed or Completed Operation Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work) SEE RULE 1103.			
TD: 6390' PERFS: 6156-6166' CIBP @ 6135'			
09/27/01: Load and press test to 540#. Held 30 mins. Test witnessed by Phil Hawkins, OCD. Retain wellbore for future use and uphole potential. Temporary Abandoned Status approved until 10-24-02			
Retain wellbore for future use and uphole potential.			
			OCD RECEIVED APPLICATION
	Temporary Abandoned Status approved until 10-24-02		APIEO S
	until 10-24	-	19 19 19 19 19 19 19 19 19 19 19 19 19 1
			34467
I hereby certify that the information above	is true and complete to the best of my know.	edge and belief.	
SIGNATURE ALLIE H.	Munish m	Administrative Assista	nt DATE 10/24/01
TYPE OR PRINT NAME Kellie D. Mu	rrish		TELEPHONE NO. 505-394-1649
(This space for State Use)	,	0 1 04	
APPROVED BY Daugh	my m	LE Comphance Officer	11-9-61 DATE



