

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C15F
Up

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-22768
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT
8. Well No. F-374
9. Pool name or Wildcat EMPIRE ABO

SUNDRY NOTICES AND REPORTS ON WELLS (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.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER	
2. Name of Operator ARCO Permian	
3. Address of Operator P.O. Box 1089 Eunice, NM 88231	
4. Well Location Unit Letter E : 2525 Feet From The N Line and 520 Feet From The W Line Section 35 Township 17S Range 28E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3674.8' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **MIT** ☒

12. 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.

TD: 6364' PBD: 6304' PERFS: 6108-6114'

01/20/98: CSG MIT WITNESSED BY KEN LIVINGSTON - NMCD, AND KENT WHITHIRE - ARCO. PRESS TESTED TO 520#, HELD 15 MINS. HELD OK. CHART ATTACHED

HOLD WELLBORE FOR FIELD BLOW DOWN.

Approval of Temporary
Expiry Expires **2003**

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

SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 01/28/98

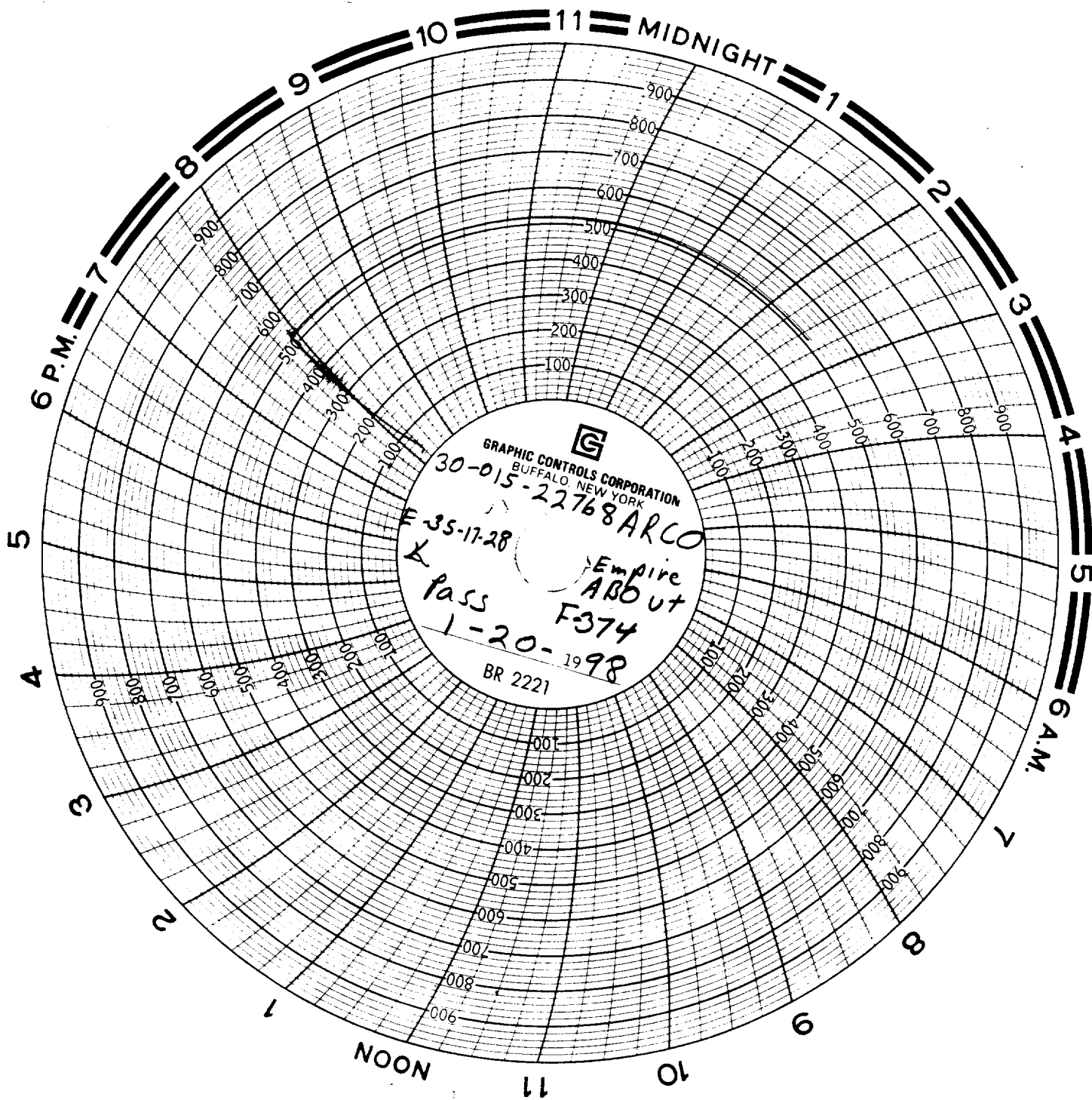
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY DEM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 2-2-98

CONDITIONS OF APPROVAL, IF ANY:



This Approval of Temporary
Abandonment Expires

2003