Office Option 10 Appropriate District	State of New Me		Form C-103	
District I	Energy, Minerals and Natu	ral Resources	Revised May 08, 2003	
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210	1 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-28876-00-00 5. Indicate Type of Lease	4
District III 1220 South St. Francis Dr. 1200 Rio Brazos Rd., Aztec, NM 87410		STATE FEE		
<u>District IV</u> Santa Fe, NM 8/505			6. State Oil & Gas Lease No.	-
1220 S. St. Francis Dr., Santa Fe, NM 87505			NM743	
SUNDRY NOTICE	ES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name	\dashv
(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			Arco State	
PROPOSALS.) 1. Type of Well:			8. Well Number	4
	Other		001	
2. Name of Operator			9. OGRID Number	4
i empo E	nergy, Inc.		022223	
3. Address of Operator PO Box 1034 Midland, TX 79702			10. Pool name or Wildcat Jalmat Tansill Seven Rivers	
4. Well Location	•			1
Unit Letter 0 : 33	0 feet from the South	line and 16	650feet from the Eastline	
Section 3		inge 35E	NMPM County Lea	
	11. Elevation (Show whether DR, 3617' DF, 3618' KB, 3	RKB, RT, GR, etc. 613' GR		
	propriate Box to Indicate N			
NOTICE OF INT			SSEQUENT REPORT OF:	
	PLUG AND ABANDON	REMEDIAL WOR		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	PLUG AND BANDONMENT	17.5
	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	ND. ABANDONWENT	
OTHER:	2011年4月71日報刊 (B. 1911)	OTHER:	Amarka (Maria	
 Describe proposed or comple of starting any proposed work or recompletion. 	eted operations. (Clearly state a). SEE RULE 1103. For Multip	Il pertinent details, le Completions: A	and give pertinent dates, including estimated of trach wellbore diagram of proposed completion	date n
Laid poly line from wellher	ead to heater treater.	•		
Opened casing and tubin	ng to let well flow to battery on	8/01/03	1022	
z) opened casing and tubil	g to let well flow to battery off	6/01/03.	18192021222329	200
				35/
	·		(E) 0, 5000	5
			17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	" "y
			# (P. 2)	
			C. Olh A	C
			C. D.	
4			toler set	Ŋ/
f			68788A	
hereby certify that the information ab	ove is true and complete to the be	est of my knowledg	ge and belief.	
GIGNATURE	TITLE Pr	esident : (1.15)	DATE 8/5/03	
	7. 00 - N. C.	uran i take.		
Type or print name Jim Pannell	A STATE OF THE STA	erekere e, er e - y	Telephone No. (432) 689-2951	_
This space for State use)	. \ ○ FIELD REPR	ESENTATIVE II/S	STAFF MANAGER	
APPPROVED BY Have W.	Wink TITLE		DATE	
Conditions of approval, if any:	***************************************		AUG 1 1 2003	
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