

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
OCT - 5 1992

O. C. D.

WELL API NO.	30-015-01251
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E 5313
7. Lease Name or Unit Agreement Name	
EMPIRE ABO UNIT "H"	
8. Well No.	19
9. Pool name or Wildcat	EMPIRE ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3652 GL	

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 <input type="checkbox"/>	GAS WELL <input type="checkbox"/>
OTHER <input type="checkbox"/>	G/W <input type="checkbox"/>
2. Name of Operator	ARCO OIL AND GAS COMPANY
3. Address of Operator	P O BOX 1710 HOBBS, NEW MEXICO 88240
4. Well Location	
Unit Letter	0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line
Section	36 Township 17S Range 27E NM/PM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3652 GL	

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 TEST ☒

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 6200 PBD 5919 PERFS 5648-5800 PKR 5546

09/24/92 PRESSURE CSG TO 500# AND HOLD 15 MIN,

NO LEAK

WITNESSED BY JOHNNY ROBINSON NMCD

CHART ATTACHED

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

SIGNATURE James D. CoBurn TITLE OPERATIONS COORDINATOR DATE 10/02/92

TYPE OR PRINT NAME JAMES D. COGBURN (505) TELEPHONE NO. 391-1621

(This space for State Use)

APPROVED BY Johnny Robinson TITLE OIL AND GAS INSPECTOR DATE 10-14-92

CONDITIONS OF APPROVAL, IF ANY:

