

Submit 3 Copies  
to Appropriate  
District Office

**OIL CONSERVATION DIVISION**

**P.O. Box 2088**

**Santa Fe, New Mexico 87504-2008**

**RECEIVED**

**OCT 10 1991**

**O. C. D.  
ARTESIA OFFICE**

WELL API NO.

30-015-01544

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

7. Lease Name or Unit Agreement Name

Empire Abo Unit "D"

8. Well No.

44

9. Pool Name or Wildcat

Empire Abo

**SUNDRY NOTICES AND REPORTS ON WELLS**

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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 OIL and GAS COMPANY

3. Address of Operator

P.O. Box 1610, Midland, Texas 79702

4. Well Location

Unit Letter D : 990 Feet From The South Line and 990 Feet from The East Line

Section 25 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3665 GR

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) ☐

12. Describe Proposed or completed Operation (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to P&A as follows:

Plug	Interval	Cmt	Remarks
1	6129-6217	10 sx	CIBP & 10 sx cmt.
2	3580-3800	25 sx	Spot
3	1950-2150	55 sx	Perf at 2150. CR at 1950 Perf 2400
4	1200-1400	55 sx	Perf at 1400. CR at 1200 Perf 1685
5	0-900	240 sx	Perf at 900. Cmt inside & outside 5-1/2 csg

CO WH & install dry hole marker.

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

SIGNATURE Ken W. Gosnell

TITLE Regulatory Coordinator

DATE 10/9/91

TYPE OR PRINT NAME Ken W. Gosnell

TELEPHONE (915) 688-5672

(This space for State Use)

APPROVED BY [Signature]

CONDITIONS FOR APPROVAL, IF ANY:

TITLE Sub Rep

DATE 11/21/91

Notify N.M.O.C.C. in sufficient time to witness

Plugging