

Submit 3 Copies
to Appropriate
District Office

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 87504-2008

RECEIVED

MAY 20 1991

O. C. D.
ARTESIA, OFFICE

WELL API NO.

30-015-01553

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

7. Lease Name or Unit Agreement Name

Empire Abo Unit "C"

8. Well No.

38

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 K : 1650 Feet From The South Line and 1980 Feet from The West Line

Section 26

Township 17S

Range 28E

NMPM Eddy

County

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

3673 RKB

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) ☐

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

2-07-91. MIRU.

Plug	Interval	Cmt	Remarks
1	5935-5694	25 sx	Set CIBP at 5935. Displace hole MLF. 25 sx cmt on top of CIBP.
2	3588-3347	25 sx	Spot
3	2170-1776	40 sx	Spot
4	1360-1119	25 sx	Spot
5	880-634	25 sx	Spot
6	120-Surf	15 sx	Spot

Part ID-2
5-24-91
P&A

CO wellhead & installed dry hole marker. P&A'd 2-8-91.

13. 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

5/16/91

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE

(915) 688-5672

(This space for State Use)

APPROVED BY

[Signature]

TITLE

[Signature]

DATE

1/20/94

CONDITIONS FOR APPROVAL, IF ANY: