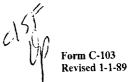
Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department



District Office	OTT CONCEDIATIO	N. DIVICION	•	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-015-01647	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATI	EX FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
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.)			7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "H"	
1. Type of Well: OIL WELL X  GAS WELL X  WELL	OTHER			
2. Name of Operator	_		8. Well No.	
ARCO Permian			9. Pool name or Wildcat	
3. Address of Operator P.O. Box 1089 Eunice, NM	88231		EMPIRE ABO	
4. Well Location Unit Letter 66	O Feet From The S	Line and6	Feet From The	Line
Section 31	Township 17S R	ange 28E	NMPM EDDY	County
Section 31	10. Elevation (Show wheth	ner DF, RKB, RT, GR, et 3679' RDB	tc.)	
11. Check A	ppropriate Box to Indicate	Nature of Notice	, Report, or Other D	ata
	INTENTION TO:	SU	BSEQUENT REPO	RT OF:
	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERIN	g CASING
PERFORM REMEDIAL WORK		COMMENCE DRILLIN		ID ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS			D ADAIRDONNEITI —
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB -	X
OTHER:		OTHER: MIT		
<ol> <li>Describe Proposed or Completed C work) SEE RULE 1103.</li> </ol>	Operations (Clearly state all pertinent de			
TD: 6006' PBD: 5910' P	ERFS: 5826-5866' PKR: 5740'		1920212223	2
WHITMIRE - ARCO. PRESS ATTACHED.	SSED BY KEN LIVINSTON - NMO TESTED TO 510#. HELD 15 MI	CD. AND KENT NS. HELD OK. CHART	18 18 20 21 22 23 25 EVEL 18	5,5272829303,
This Appropriate Abandonii	roval of Temporary Zu	<del>204</del>	21ESH 831ESH 8295 VE	2)
I hereby certify that the information above	is true and complete to the best of my knowle	dge and belief.		
SIGNATURE JULIU	4.97/mmsk_ 1	<sub>rπιε</sub> <u>Administrativ</u>		
TYPE OR PRINT NAME Kellie D.	Murrish		TELEPHON	SE NO. 505-394-1649
(This space for State Use)	w W Sum		ict September	4-30-90
BIT	·	TITLE	DATE	

TITLE \_

