

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

MAY 14 1992

O. C. D.

WELL API NO.

30-015-01694

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT "F"

8. Well No.  
32

9. Pool name or Wildcat  
EMPIRE ABO

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 ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

ARCO OIL AND GAS COMPANY

3. Address of Operator

BOX 1710, HOBBS, NEW MEXICO 88240

4. Well Location

Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line

Section 33 Township 17S Range 28E NMPM EDDY County

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

3665' GR

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: TEMPORARILY ABANDON ☒

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.

HOLD WELL BORE IN ORDER TO MONITOR BHP

TD 6280'; PBD 6263'; PERFS: 6152-6184'; PKR 6075.80'

5/8/92 LOAD CSG PRESSURE UP TO 520# & HOLD FOR 15 MIN. TEST WITNESSED BY DERROLL  
WOLFENBARGER-ARCO AND GARY WILLIAMS-NMOC. CHART ATTACHED.

This Approval of Temporary  
Abandonment Expires 5/97

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

SIGNATURE

*James D. Cogburn*

TITLE Operations Coordinator

DATE 5/13/92

TYPE OR PRINT NAME

James D. Cogburn

TELEPHONE NO. 391-1600

(This space for State Use)

APPROVED BY

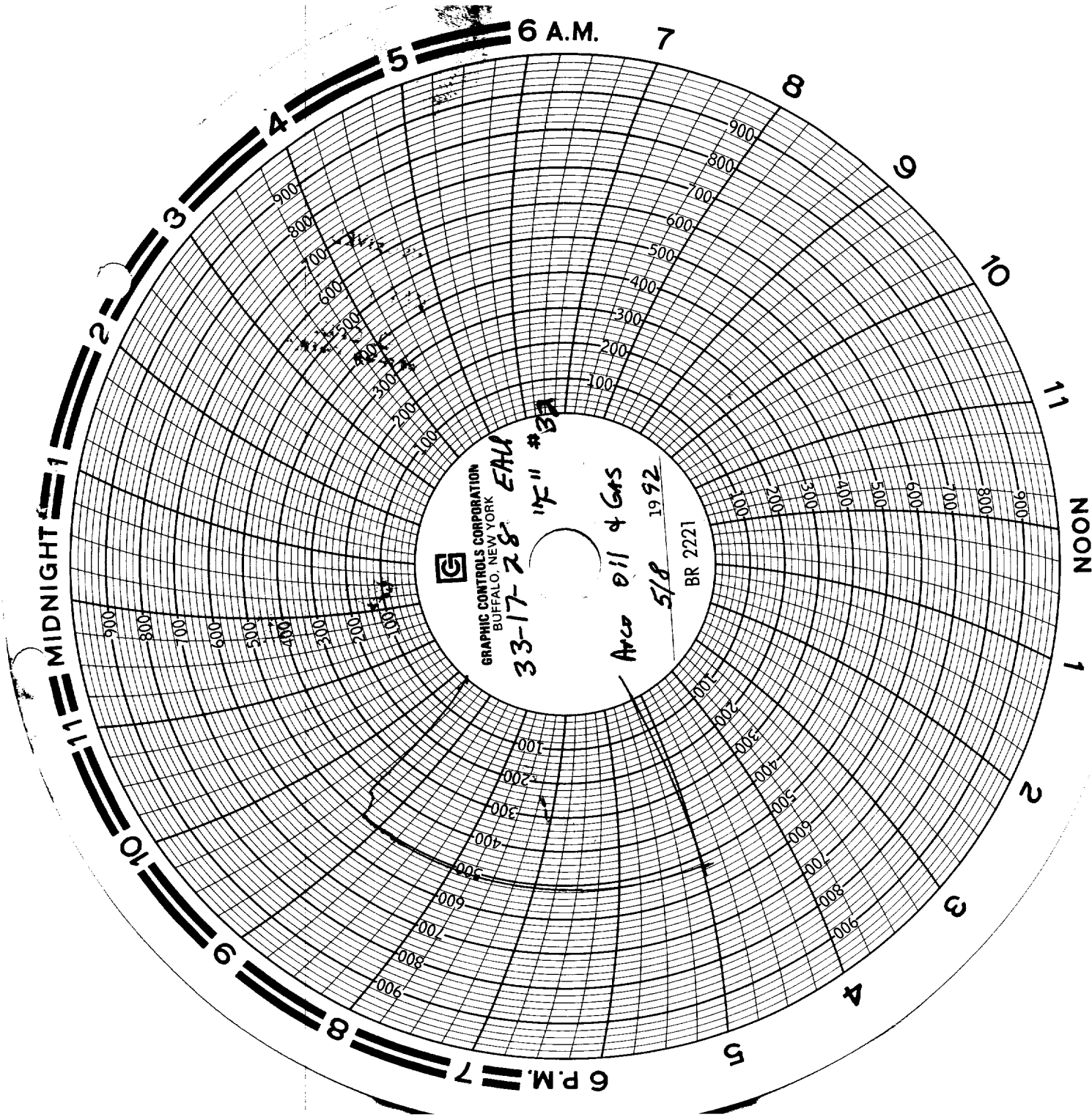
*[Signature]*

TITLE

*Field Rep*

DATE 5/20/92

CONDITIONS OF APPROVAL, IF ANY:



RECEIVED  
MAY 14 1992  
O. C. D.  
APRIMA OFFICE