

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

SEP - 0 1992

WELL API NO.	30-015-01711
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
Empire Abo Unit "G"	
8. Well No.	33
9. Pool name or Wildcat	Empire Abo
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3662' GR	

SUNDRY NOTICES AND REPORTS ON WELLS. C. D.
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator ARCO Oil and Gas Company	3. Address of Operator P.O. Box 1710 - Hobbs, New Mexico 88241-1710	4. Well Location Unit Letter L : 330 Feet From The West Line and 1965.6 Feet From The South Line Section 34 Township 17S Range 28E NMPM Eddy County
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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.

TD 6340', PBD 6303', Perfs 6246-6286', Pkr 5892', Top of Reef 5840'

09/01/92 - Load csg w/1 bbl 8.6# brine w/wt-675 chemical, pressure to 500#,
hold for 20 minutes w/no loss of pressure. Well T.A.

Chart Attached

This Approval of Temporary
Abandonment Expires 9/92

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 09/09/92
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 391-1600

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 9/14/92
CONDITIONS OF APPROVAL, IF ANY:

