## Submit 3 Copies to Appropriate District Office

## State of New Mexico

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Form C-103 Revised 1-1-89	00'

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 300150173800 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE L 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 647 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERIMITE! VED (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL | WELL X OTHER APR 05 '89 EMPIRE ABO UNIT F 2. Name of Operator 8. Well No. 39 ARCO OIL AND GAS COMPANY 000 Address of Operator 9. Pool name or Wildon ARTESIA, OFFICE EMPIRE ABO BOX 1710, HOBBS, NEW MEXICO Well Location Unit Letter \_\_\_ G : 1650 Feet From The \_\_\_ NORTH 2310 EAST Feet From The Line and Line **EDDY** uship 17S Range 28E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 28E Township **NMPM** County GR 3686 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **CHANGE PLANS** TEMPORARILY ABANDON COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 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. Procedures as follows: MIRU DDPU 1. Shear standing Valve 2. RIH w/swab to clear tbg 3. Install BOP & POH w/ tbg & ACC 4. 5. RIH w/CIBP on tbg 6. Set CIBP @ 6190 RKB POH w/1 jt 7. Pump 105 BBLS 8.6# brine w/2 gal WT 675/10BF to establish circulation 8. SI rams on BOP & Press. Test to 500#. Install chart 9. If csg holds, POH, laying tbg down, leaving 1 jt on flange 10. If csg doesn't hold, get ahold of Eng. Dept. for further instructions 11. Close all tbg, csg, surface csg valves 12-I hereby certify that the information above is true and complete to the best of my knowledge and belief. THE Services Supervisor 4-3-89 TYPE OR PRINT NAME TELEPHONE NO. (This space for State Use) Original Signed By APR 1 0 1989 Mike Williams APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:

Notify NIACOCO. in militaient time to witness Temporary Abandoment