**State of New Mexico** 

Energy,erals and Natural Resources Department	Revised 1-1-89
to Appropriate	WELL API NO.
OIL CONSERVATION DIVISION	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O Box 2088	30-015-21536
Santo Eo. Nov. Marriag 07504 2000	5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210  Sailla Fe, New Mexico 8/304-2008  AUG J 1992	STATE X FEE
DISTRICT VI	6. State Oil & Gas Loase No.
1000 RIO Brazos Rd., Aztec, NM 87410	647
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  GAS  GAS	7. Lease Name or Unit Agreement Name  Empire Abo Unit "E"
WBLL X WBLL other	
2. Name of Operator	8. Well No.
ARCO OIL and GAS COMPANY  3. Adress of Operator	381
P.O. Box 1610, Midland, Texas 79702	9. Pool Name or Wildcat Empire Abo
4. Well Locaztion	Zimpire 1400
Unit Letter         C         2475         Feet From The         West         Line and         1155           Section         35         Township         17S         Range         28E         NMPM	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3683.8 GR	
Check Appropriate Box To Indicate Nature of Notice, Report,	or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT X
PULL OR ALTER CASING CASING TEST AND CEMENT JO	OB
(Other) (Other)	
12. Describe Proposed or completed Operation(Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.	
7-8-92. RUPU. POH w/CA. Plug & Abandoned as follows:	
Plug Interval Cmt Remarks	
1 5600-6140 10 sx CIBP & cmt. Displaced hole w/10# MLF.	,
2 4191-4441 25 sx Spot	Past ID-2 9-4-92 P4A
3 3510-3760 25 sx Spot	9-4-95
4 1910-2160 25 sx Spot	840
5 1210-1460 25 sx Spot	<b>1</b>
6 0-1050 175 sx Spot	
Cut off csg. Installed Dry Hole marker. P&A'd 7-10-92.	
18 hereby certify that the information above is true and complete to the best of my knowledge and belief	
SIGNATURE Ken W. Loynell TITLE Regulatory Coordina	ator 8-27-92
TYPE OR PRINT NAME Ken W. Gosnell	теlephone (915) 688-5672
(This space for State Use)	
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CONDITIONS FOR APPROVAL, IF ANY	DATE 9-18-92
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