State of New Mexico En_sy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION WELL ARE NO

	P.O. Box 2088 I Santa Fe. New Mexico. 87504-2088		21806	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New			of Lesse	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE X FEE	
		6. State Oil & Ga B-11593	s Lesse 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"		7. Lease Name or Unit Agreement Name		
(FORM C-101) FOR SUCH PROPOS	ALS)	- morrodina	year market	
1. Type of Well: OL OAS WELL Y WELL OTHER	* * * * * * * * * * * * * * * * * * *	EMPIR# ABC	UNIT "F"	
2. Name of Operator	JUL 2 1993	8. Well No.		
ARCO OIL AND GAS COMPANY		371		
3. Address of Operator P.O. 1710 HOBBS N.M. 88240		9. Pool same or V EMPIRE		
4. Well Location		_ 		
Unit Letter : Feet From The	H Line and	Feet From	The WEST Line	
Section 35 Township 17S	Range 28E	NMPM EI	DDY	
	ow whether DF, RKB, RT, GR, etc.)	NMPM		
			<i>XIIIIIIIIIIIII</i>	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF.				
		SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDO	N L REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON L. CHANGE PLANS . COMMENCE DRILLING OPNS PLUG AND ABANDONMENT .				
PULL OR ALTER CASING	ER CASING CASING TEST AND CEMENT JOB			
OTHER:	OTHER: TEMPORAR	OTHER: TEMPORARILY ABANDON		
12. Describe Proposed or Completed Operations (Clearly state all pertinent	t details, and sive pertinent dates in d	wine estimated date of		
work) SEE RULE 1103.	and give periodity dates, and	end extended acts of	starting any proposed	
VERBAL APPROVAL OF INTENT FROM NMOCI)			
TD 6400, PBD 5958, PERFS 5990-6004				
RECOMPLETE TO UPPER ABO, SET CIBP @ 6024, PERF 5990-6004 W/2 JSPF (29 HOLES),				
ACIDIZE W/1500 GAL NEFEWORK OVER U	JNSUCCESSFUL.			
SET CIBP @ 5972.50 W/2 SX CMT ON TOP	P OF PLUG, LOAD CSG &	PRESSURE TO	500# FOR 20 MIN.	
WELL TA 5-25-93	This Approval	This Approval of Temporary Abandonment Expires <u>L/98</u>		
_ CHART ATTACHED _	Abandonment E	Abandonment Expires <u>0/78</u>		
I hereby certify that the information above is true and complete to the best of my kno	owledge and belief.			
SIGNATURE Street Calin	OPERATION COO	RDINATOR	6-29-93	
TYPE OR PROFESAME James Cogburn			301_1621	
LIFE WERMIN NAME			телерноме мо. 391-1621	
(This space for Sinte Use)	- A			
ATTOMORY MANAGEMENT	Tell Don		7/20/02	
CONDITIONS OF AFFROVAL, IF ANY:	···-		- DVIE And	