

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clsr
dpf

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2008

RECEIVED

NOV 22 '89

O. C. D.
ARTESIA, OFFICE

WELL API NO.

30-015-22137

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-11593-8

7. Lease Name or Unit Agreement Name

Empire Abo Unit "F"

8. Well No.

372

9. Pool Name or Wildcat

Empire Abo

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
WELL ☒

GAS
WELL ☐

other

2. Name of Operator

ARCO OIL and GAS COMPANY

3. Address of Operator

P.O. Box 1610, Midland, Texas 79702

4. Well Location

Unit Letter E : 2490 Feet From The North Line and 1100 Feet from The West Line

35 Section 175 Township 28E Range Eddy NMPM County

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

~~367.8'GR~~ 3676.8

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) ☐

12. Describe Proposed or completed Operations (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Plug Interval Cmt Remarks

1	6025-6150	20	CIBP @ 6150. Circ MLF.
2	1800-2150	50	Spot. TO San Andres 2080.
3	1245-1395	25	Spot. TO Queen 1345.
4	650-900	40	Spot. TO Seven RVTS 840
5	0-100	20	Spot. in + out of 5 1/2 "

Cut off casing and install dry hole marker.

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

SIGNATURE Ken W. Gosnell

TITLE Engineering Technician

DATE 11-21-89

TYPE OR PRINT NAME Ken W. Gosnell

TELEPHONE (915) 688-5672

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS FOR APPROVAL, IF ANY:

Notify N.M.O.C.C. in sufficient time to obtain
Plugging