State of New Mexico Energy, Minerals and Natural Resources Department



WELL API NO.

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION P.O. Box 2088

DICTRICT II		Conta En New Me	-i~	194 M. J. A. 1991	30-015-22	2226	
DISTRICT II P.O. Drawer DD, Artes	ia, NM 88210	Santa re, New Mc	xico 187 80 4 208 1991		5. Indicate Type of Lesse STATE XX FEE		
DISTRICT III 1000 Rio Brazos Rd., A	Lziec, NM 87410		4	O. C. D. ARTESIA, OFFICE	6. State Oil & Gas I		<u></u>
(DO NOT USE THIS	SUNDRY NOTICES S FORM FOR PROPOSA IFFERENT RESERVOIR. (FORM C-101) F	LS TO DRILL OR TO DE	EPEN OR PE	OR PLUG BACK TO A	7. Lease Name or U	ait Agreement Name	
1. Type of Well: OIL WELL XX	OAS	отнеж			EMPIRE ABO	O UNIT "F"	
2. Name of Operator	TR. CAG. COMPANY				8. Well No. 333		
3. Address of Operato	ND GAS COMPANY				9. Pool same or Wil	ldcat	
BOX 1710, I	HOBBS, NEW MEXI	CO			EMPIRE A	ВО	
Unit Letter _	E: 1286 F	ect From TheWES	Г	Line and16	02 Feet From T	NORTH	Line
Section	34 т е	ownship 17S	Ra		NMPM EDDY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	County
		3672.7' GI		DF, RKB, RT, GR, etc.)			
11.		•	cate l	Nature of Notice, R	•		
NO.	TICE OF INTENT	TON TO:		SUB	SEQUENT RE	PORT OF:	
PERFORM REMEDIA	LWORK 📙 📑	PLUG AND ABANDON		REMEDIAL WORK	_ ^	LTERING CASING	
TEMPORARILY ABAN	IDON .	CHANGE PLANS		COMMENCE DRILLING	OPNS. P	LUG AND ABANDO	MENT
PULL OR ALTER CAS	ing 🗌			CASING TEST AND CE	MENT JOB		
OTHER:				OTHER: TEMPORAR	ILY ABANDON	-	<u>KX</u>
12. Describe Proposed work) SEE RULE		learly state all pertinent des	ails, ar	nd give pertinent dates, inclu	fing estimated date of s	farting any proposed	
TA & HOLD	WELL BORE FOR F	IELD BLOW DOWN					
TD 6319';	PERFS: 6170-619	0'					
06/07/91	UP 4-3/4" BIT, SCRAPPER, AND	5-1/2" CSG SC	RAPP 5-1/	TAC POH w/TBG, ER, RIH w/BIT, 2" CIBP AND RUN /1 JT TBG. SDO	SCRAPPER AND NING GIH w/	TBG. POH w	/TBG,
06/08/91	UP TO 500#. H	HELD FOR 15 MIN NU WH. LEFT 1	S. JT	-675 CHEMICAL. RD KILL TRUCK. ON WH FLANGE. SSURE TEST CHAR	POH w/TBG A LAYED TBG DO	ND CIBP RUNN	ING
	aformation above is true and coo	make to the heat of my knowled	dee and	haliaf			
1	TOTAL OF BONE IS THE ABOUT			Administrativ	e Supervisor	6/13/9	1
SIGNATURE THE CREAT NAME	James D. Cos					TELEPHONE NO. 39	
(This space for State Live)	later		_ m	Till R	D	DATE 421	191

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary Abandonment Expires

