

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUN - 2 1992

O. C. D.

WELL API NO.

30-015-22462

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-11593

7. Lease Name or Unit Agreement Name

Empire Abo Unit "E"

8. Well No.

373

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

☒

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 D : 150 Feet From The North Line and 15 Feet from The West Line

Section 35

Township 17S

Range 28E

NMPM Eddy

County

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

3670.4 GR

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 Operation (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to Plug & Abandoned as follows:

Get Between All Plugs

Plug	Interval	Cmt	Remarks
1	5694-5944	25 sx	CIBP w/25 sx cmt
2	2950-3850	90 sx	Spot
3	2000-2250	25 sx	Spot 2060-2160
4	1100-1350	25 sx	Spot 1360-1460
5	0-850	85 sx	Spot

Cut off WH and install dry hole marker.

Noted NMAC 10/10/92 sufficient time to witness

Plugging

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

SIGNATURE

Ken W. Gosnell

TITLE

Regulatory Coordinator

DATE

6-1-92

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE

(915) 688-5672

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Field Rep

DATE

5/8/92

CONDITIONS FOR APPROVAL, IF ANY: