

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

RECEIVED

MAY 26 1992

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-22487
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator ARCO OIL AND GAS COMPANY		6. State Oil & Gas Lease No. E7832
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240		7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "E"
4. Well Location Unit Letter <u>A</u> : <u>620</u> Feet From The <u>NORTH</u> Line and <u>1200</u> Feet From The <u>EAST</u> Line Section <u>34</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>EDDY</u> County <u></u>		8. Well No. 361
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3671.6' GR		9. Pool name or Wildcat EMPIRE ABO

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: TEMPORARILY ABANDON ☒

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

HOLD WELL BORE FOR FIELD BLOW DOWN
TD 6294'; PBD 6274'; PERFS: 6020-6030'; PKR 5926'

05/12/92 LOAD CSG w/8.6# BRINE w/WT-675 CHEMICAL, PRESSURE UP TO 530 # AND HOLD FOR 20 MINS. CHART ATTACHED. WITNESSED BY DERROLL WOLFENBARGER-ARCO AND GARY WILLIAMS-NMOC.

This Approval of Temporary
Abandonment Expires 5/97

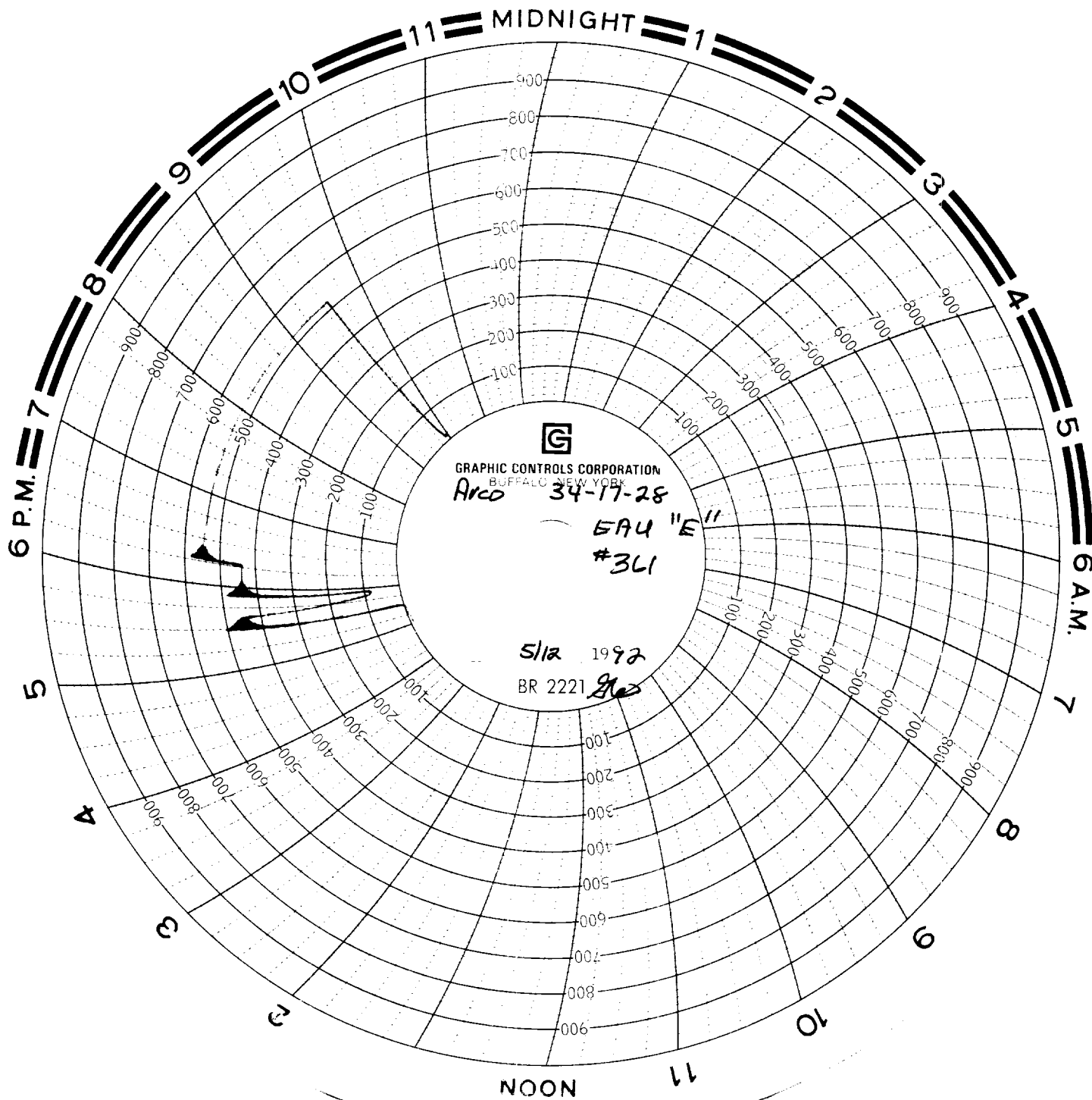
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE James D. Cogburn TITLE Operations Coordinator DATE 5/21/92
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 391-1600

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep DATE 5/27/92

CONDITIONS OF APPROVAL, IF ANY:



RECEIVED
MAY 26 1992
O.C. DICK
ATTORNEY