

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

APR 30 1991

O. C. D.

ARTESIA, OFFICE

WELL API NO.

30-015-22776

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT "F"

8. Well No.

382

9. Pool name or Wildcat

EMPIRE ABO

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"
(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

BOX 1710, HOBBS, NEW MEXICO 88240

4. Well Location

Unit Letter F : 2400 Feet From The NORTH Line and 1600 Feet From The WEST Line

Section 35 Township 17S Range 28E NMPM EDDY County

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

3675.6' 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: 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.

TA & HOLD WELL BORE FOR FIELD BLOW DOWN

TD 6304'; PERFS: 6204-6214'

4/12/91 MIRU. POH w/TBG, RIH w/CIBP AND SET @ 6164'. CIRC 8.6# BRINE w/WT675.
TEST TO 530# FOR 15 MIN. STATE WITNESS G. WILLIAMS. HELD OK. POH AND
LAY DOWN TBG. CIBP SET @ 6164'.

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

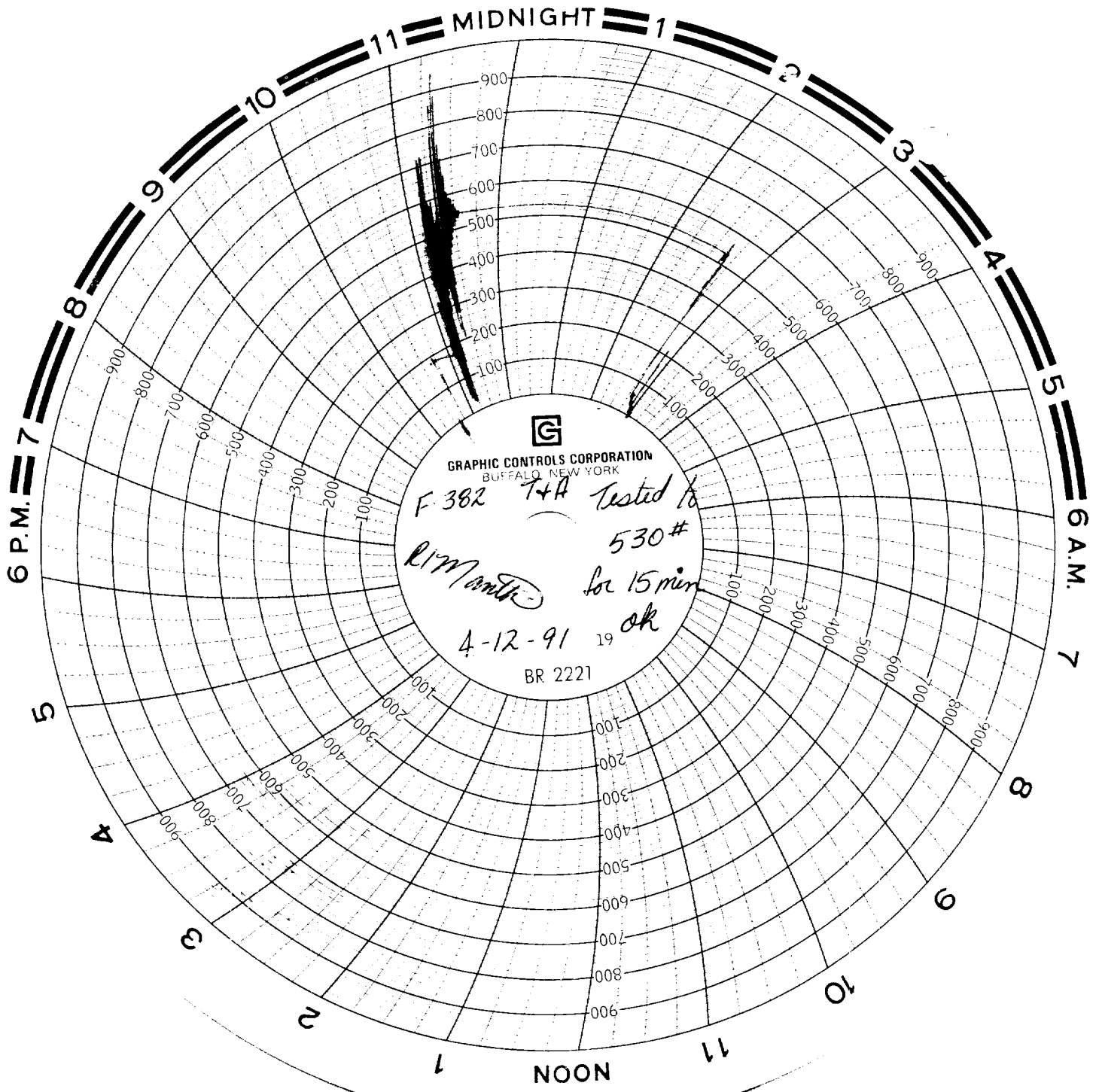
SIGNATURE James D. Cogburn TITLE Administrative Supervisor DATE 4/29/91

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-1600

(This space for State Use)

APPROVED BY G. Williams TITLE Field Rep DATE 5/6/91

CONDITIONS OF APPROVAL, IF ANY:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

F-382 T+H Tested to
530#
RIM Manta for 15 min
4-12-91 19 OK
BR 2221