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State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-22787 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico **RECEIMED** 5. Indicate Type of Lease STATE FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 APR - 7 1992 State Oil & Gas Lease No. B-2071-24 SUNDRY NOTICES AND REPORTS ON WELLS 44 OFFICE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL Empire ABO Unit WELL X OTHER 2. Name of Operator 8. Well No. ARCO OIL AND GAS COMPANY 334 3. Address of Operator 9. Pool name or Wildcat Empire_ABO P. O. Box 1610, Midland, Texas 79702 4. Well Location 2400 Feet From The South 500 Unit Letter Line and West Feet From The Line 34 **17**S 28E Range Eddy Section Township **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3661.4 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK ALTERING CASING REMEDIAL WORK **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING CASING TEST AND CEMENT JOB** OTHER: OTHER: 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. 1-7-92. RUPU. PoH w/CA. Set CIBP at 6140. Press test csg to 600#. P&A'D as followes: P1ug interval cmt Remarks 1 5640-6140 <u>40s</u>x Spot. Circ hole w/10# MLF. 2 3600-3850 25sx Spot 3 2850-3100 25sx Spot 4 1950-2200 25sx Spot 5 25sx 1200-1450 Spot 6 Spot 625-875 25sx 7 0 - 20020sx Spot Cut at WH & installed Dry Hole Makder. P&A"D 1-9-92.

I hereby certify that the information above is true and complete to the best of my knowled SKONATURE Ken W Holys LL	lge and belief. THE Regulatory Coordinator
TYPEOR PRINT NAME Ken W. Gosnell	915/688-5672 TELEPHONE NO.
(This space for State Use) APPROVED BY	TITLE Diet. Deel. DATE 4/22/92