

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

WELL API NO. 30-015-22820
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2071-23
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "F"
8. Well No. 363
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 ☐

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1710, Hobbs, New Mexico 88240

4. Well Location

Unit Letter **H**

: **2250**

Feet From The

Line

Feet From The **E**

Line

Section **34**

Township **17S**

Range **28E**

NMPM EDDY

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3663.3' 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 ABANDONED** ☒

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.

TD: 6350' PERFS: 6220-6230' CIBP @ 6190'

HOLD WELLBORE FOR FIELD BLOW DOWN

09/19/96 CSG MIT WITNESSED BY KEN LIVINGSTON OR RAY SMITH FOR NMOCD

MIT EVERY FIVE YEARS IN ACCORDANCE TO NMOCD RULE 203

~~WJ HOLD WELLBORE FOR FIELD~~

The Applicant
Abandonment

2001

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

SIGNATURE

Kellie D. Murrish

TITLE

Admin. Asst.

DATE

10/25/96

TYPE OR PRINT NAME

KELLIE D. MURRISH

TELEPHONE NO.

391-1649

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM

APPROVED BY

DISTRICT II SUPERVISOR

TITLE

DATE

NOV 28 1996

CONDITIONS OF APPROVAL, IF ANY:

