Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103	
Revised 1-1-89	

District Office						,
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.			
DISTRICT II P.O. Drawer DD, Ar	essia NIM 88210	Santa Fe, New M	lexico	87 564-1068 D	30-015-22845	
DISTRICT III	LEELIN, INIVI 00210	\int		JUN 1 7 1991	5. Indicate Type of Lesse STATE X FEE	
1000 Rio Brazos Rd.	, Aziec, NM 87410	V		0 6 0	6. State Oil & Ges Lease No.	
	SUNDRY NOTIC	ES AND REPORTS O	N WE	LASESIA, OFFICE		////
	DIFFERENT RESERV	POSALS TO DRILL OR TO D VOIR. USE "APPLICATION I 01) FOR SUCH PROPOSAL	FOR PE		7. Lease Name or Unit Agreement Name	<i></i>
1. Type of Well:					1	
MET X	METT O	OTHER			EMPIRE ABO UNIT "G"	
ARCO OIL	¥ AND GAS COMPA	NY			8. Well No. 314	
3. Address of Opera					9. Pool name or Wildcat EMPIRE ABO	
4. Well Location	HODDS, NEW H	EX100 00240			THE THE TIES	
Unit Letter	: <u>1450</u>	Feet From TheSOL	JTH	Line and 200	OO Feet From TheEAST	Line
Section	33	Township 17S	R:	inge 28E	NMPM EDDY Co	unty
		10. Elevation (Show 3661.7 ! (DF, RKB, RT, GR, etc.)		
11.	Check A	ppropriate Box to Ind	icate 1	Nature of Notice, R	eport, or Other Data	
NO	OTICE OF INTE	ENTION TO:		SUB	SEQUENT REPORT OF:	
PERFORM REMEDI	AL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABA	MDON	CHANGE PLANS		COMMENCE DRILLING	OPNS. PLUG AND ABANDONME	ит 🗀
PULL OR ALTER CASING CASING TEST AND C			EMENT JOB			
OTHER:				OTHER: TEMPORAR	ILY ABANDON	<u> </u>
12. Describe Proposes	d or Completed Operation	os (Clearly state all pertinent de	esails, an	d give pertinent dates, inclu	ding estimated date of starting any proposed	
TA & HOLD		R FIELD BLOW DOWN	1			
	PERFS: 6158-					
6/10/91			UNS	EAT PKR. PICKE	D UP 6 JTS TBG AND TAGGED P	BD.
0, = 0, 5 =	POH w/TBG AN	D PKR. RIH w/CII	3P, R	UNNING TOOL AND	TBG. SET CIBP. POH w/1 J	
					PORT. CLOSED WELL IN AND . NO LOSS IN PRESSURE.	
	R/D KILL TRU	CK. POH w/TBG AM	ND RU	NNING TOOL. LA	YED DOWN TBG. LEFT 1 JT TB	G
		E. RDCL. CIBP S ED BY GARY WILLIA			SSURE TEST CHART ATTACHED.	
-	-					
I hereby certify that the	information above is true ar	nd complete to the best of my knowle		A 1	Supervisor 6/14/91	
SIGNATURE	my Cha		m		DATE	600
TYPEOR PRINT NAME	J a mes D. Co	gburn			TELEPHONE NO. 392-1	==
(This space for State Lie	·) 10-			MEIO D	, 1	
APTROVED BY	laller		_ m.	tede Kap	DATE 1/21/91	
CONDITIONS OF APPROV	/AL IF ANY:			ms Approval o		
				Abandonment Exp	oires <u>495</u>	-

