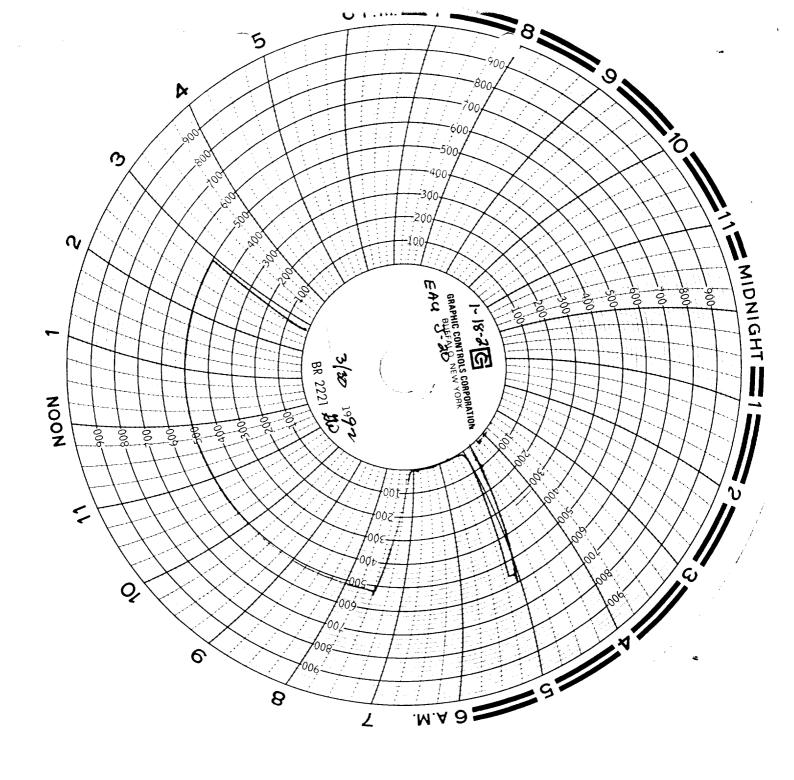
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PUBL OR ALTER CASING WATER SHUT-OFF REPAIR THE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WALLE CHANGE HANS CHANGE HANS (Other) TEMPORARILY ABANDON (Note: Report results of multiple completion on V	BERIAL NO.
The not use this form for proposals to drill or to deepen or plug back to a different reservoir. I. Use "APPLICATION FOR PERMIT—" for such proposals.) T. UNIT AGREMENT NAME RECEIVED REPAIR ABO UNIT ADDRESS NAME RECEIVED REPAIR NO. D. C. D. D. Wall NO. D	TRIBE NAME
RECEIVED NAME OF OPERATOR ARCO OIL AND GAS COMPANY ARCO OIL AND GAS COMPANY BOX 1710, HOBBS, NEW MEXICO 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* EMPIRE ABO 11. SEC. 1, T18S, F SURVEY OR AREA SEC. 1, T18S, F 12. COUNTY OR PARISH 13 30-015-00711 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* EMPIRE ABO 11. SEC. 1, T18S, F 12. COUNTY OR PARISH 13 CHECK Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: LOCATION OF MELL (REPORT OF PARISH 13 SEC. 1, T18S, F 12. COUNTY OR PARISH 13 EDDY REPAIRING WELL SUBSEQUENT EBFORT OF: REPAIRING WELL ABANDON ABANDONMENT* CHANGE HADS	
ARCO OIL AND GAS COMPANY ARCO OIL AND GAS COMPANY BOX 1710, HOBBS, NEW MEXICO 88240 LOCATION OF MELL (Report location clearly and in accordance with any State requirements.* 1 LOCATION OF MELL (Report location clearly and in accordance with any State requirements.* 1980 FNL - 660 FEL (UNIT LETTER H) 1980 FNL - 660 FEL (UNIT LETTER H) SEC. 1, T18S, I LEVATIONS (Show whether DF, RT, GR, etc.) 30-015-00711 3666 KB Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTION TREAT NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTION TREAT MULTIPLE COMPLETE SHOOTING OR ACIDIZED ABANDON BANDONMENT* OC. C. D 9 WALL NO. 20 11. SHC, T, B., M., OR BLE. SURVEY OR ARBA 12. COUNTY OR PARISH 13 EDDY REPAIRING WELL ABANDON ABANDONMENT* OC. C. D 9 WALL NO. 20 11. SHC, T, B., M., OR BLE. SURVEY OR ARBA 12. COUNTY OR PARISH 13 EDDY REPAIRING WELL ABANDONMENT* OC. C. D 9 WALL NO. 20 11. SHC, T, B., M., OR BLE. SURVEY OR ARBA 12. COUNTY OR PARISH 13 EDDY REPAIRING WELL ABANDONMENT* OC. C. D 9 WALL NO. 20 EMPIRE ABO UNITY 12. COUNTY OR PARISH 13 EDDY REPAIRING WELL ABANDONMENT* OC. C. D 9 WALL NO. 20 EMPIRE ABO 11. SHC, T, B., M., OR BLE. SURVEY OR ARBA 12. COUNTY OR PARISH 13 EDDY REPAIRING WELL ABANDON ABANDON ABANDONMENT* OC. C. D 9 WALL NO. 20 EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 11. SHC, T, B., M., OR BLE. EMPIRE ABO 12. COUNTY OR PARISH 13. ELEVATIONS 14. PERMIT NO. 15. ELEVATIONS 16. ELEVATIONS 16. ELEVATIONS 17. COUNTY OR PARISH 18. ELEVATIONS 18. PARISH OF TO. 18. COUNTY OR PARISH 19. COUNTY OR PARISH 19. COUNTY OR PARISH 19. COUNTY OR PARI	
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DEPART A LICE CHANGE HANS (Other) TEMPORARILY ABANDON	·
(Other) Completion or Recompletion Report and Log form.)	X eli
17. DESCRIBERATORS OF COMPLETED OF EXAMPLES. Clearly state all pertines to defails, and give pertinent dates, including estimated date of propered work. If well is directionally defied, give subsurface locations and measured and true vertical depths for all markers and near to this work.	starting any
HOLD WELL BORE FOR FIELD BLOW DOWN & MONITOR BHP	
PERFS: 6055-6090'; PKR @ 6020'	
3/30/92 CSG INTEGRITY TEST, LOAD WELL BORE w/8.6# BRINE w/WT-675 CHEMICAL, PRESUP TO 500#, AND HOLD 30 MINS. TEST WITNESSED AND CHARTS INITIALED BY WILLIAMS (NMOCD).	SSURE GARY
IN ORDER TO MINIMIZE PAPER WORK AND CONFUSION, WE REQUEST A 5 YEAR PERMIT TO COIN WITH THE NMOCD RULE 203 AND ITS 5 YEAR TA PERIOD.	NCIDE
CHART ATTACHED.	
This Approval of Temporary Abandonment Expires 4/01	/97 G.I
18. I hereby certify that the foregoing is true and correct SIGNED JAMES 4/9/92	
(This space for Federal or State office use)	
APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:	

*See Instructions on Reverse Side



RECEIVED

APR 1 0 1992

O. C. D.