State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 RECEIVED 30-015-0625 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease MAY 1 4 1992 FEE L DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gos Lease No. O. C. D. SUNDRY NOTICES AND REPORTS ON WELLS (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.) 1. Type of Well: EMPIRE ABO UNIT "I" WELL Y 2. Name of Operator ARCO OIL AND GAS COMPANY 9. Pool same or Wildcat EMPIRE ABO 3. Address of Operator BOX 1710, HOBBS, NEW MEXICO Well Location $\underline{B}: \underline{470}$ Feet From The __ NORTH 2170 Feet From The EAST Unit Letter _ 28E ship 18S Range 28E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 18S **NMPM** EDDY Section Township County 3669.6' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** TEMPORARILY ABANDON -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. TA & HOLD WELL BORE FOR BHP MONITOR

	Abandonment Expires		
	This Approval of Tempor Abandonment Expires	sty 5/97	
4/29/92	SET PKR w/13000# COMPRESSION. LOAD & PRESSURE CSG & WT-675 CHEMICAL. HELD FOR 25 MIN. OK. PKR SET @ 4/29/92. CHART ATTACHED.		
TD 6194';	'; PBD 6182'; PERFS: 6120-6130'		

	Abandonment Expires	
I hereby certify that the information above is true and complete to the best o	f my knowledge and belief.	
SIGNATURE June Gir	Operations Coordinator	DATE
TYPE OX FROT NAME James D. Cogburn		TELEPHONE NO. 391-1600
(This space for State Lies)		

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