

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

SEP 20 1993

Q. I. D.

WELL API NO. 30-015-21543
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-7244
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "L"
8. Well No. 141
9. Pool name or Wildcat EMPIRE ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3516.4 GR

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER GAS INJECTION
2. Name of Operator ARCO OIL AND GAS COMPANY ✓
3. Address of Operator P.O. 1710 HOBBS N.M. 88240
4. Well Location Unit Letter N : 1050 Feet From The SOUTH Line and 1360 Feet From The WEST Line Section 2 Township 18S Range 27S NMPM EDDY County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER: CONVERT TO GAS INJECTION <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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 6127, PBD 6118, PERFS 6005-17

NOTIFY NMOCD PRIOR TO STARTING WORK

PERFORATE ADDITIONAL ABO INTERVAL 6032-6106, STIMULATE, SET PKR @ 5955,

LOAD CSG W/TREATED FLUID, TEST CSG TO 500# FOR 20 MIN, AND START GAS INJECTION.

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

SIGNATURE James Cogburn TITLE OPERATION COORDINATOR DATE 9-16-93
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

OCT 19 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: