

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

C. I. D.

WELL API NO. 30-015-22013
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-7833
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "L"
8. Well No. 153
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> <input checked="" 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 0 : 90 Feet From The SOUTH Line and 1456 Feet From The EAST Line Section 2 Township 18S Range 27E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3585 GL	

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: CONVERT TO GAS INJECTION ☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

TD 6303, PBD 6279, PERFS 6104-6112  
NOTIFY NMCD PRIOR TO STARTING WORK  
SET PKR @ 6044  
LOAD CSG W / TREATED FLUID, TEST CSG TO 500# FOR 20 MIN, AND START 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 9-17-93  
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 19 1993

CONDITIONS OF APPROVAL, IF ANY: