

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
RECEIVED

MAY 26 1992

WELL API NO. 30-015-22527
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-11594-3
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "J"
8. Well No. 223
9. Pool name or Wildcat EMPIRE ABO

SUNDRY NOTICES AND REPORTS ON WELLS. C. D.
(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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

ARCO OIL AND GAS COMPANY

3. Address of Operator

BOX 1710, HOBBS, NEW MEXICO 88240

4. Well Location

Unit Letter F : 2630 Feet From The NORTH Line and 1930 Feet From The WEST Line

Section 6 Township 18S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3644.3' GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: TEMPORARILY ABANDON ☒

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.

HOLD WELL BORE TO MONITOR BHP ANNUALLY

05/12/92 LOAD CSG w/8.6# BRINE w/WT-675 CHEMICAL, PRESSURE UP TO 530# AND HOLD FOR 20 MINS. CHART ATTACHED. WITNESSED BY DERROLL WOLFENBARGER-ARCO AND GARY WILLIAMS-NMOCD.

This Approval of Temporary

Abandonment Expires 5/97

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

SIGNATURE James D. Cogburn TITLE Operations Coordinator DATE 5/21/92
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 391-1600

(This space for State Use)

APPROVED BY [Signature] TITLE Tell Rep DATE 5/27/92

CONDITIONS OF APPROVAL, IF ANY:

