

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

WELL API NO. 30-015-01673
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 647
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT 'E'
8. Well No. 26
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.)	
RECEIVED	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator ARCO OIL AND GAS COMPANY	MAY -9 '90
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240	C. C. D.
4. Well Location Unit Letter C : 990 Feet From The NORTH Line and 1650 Feet From The WEST Line Section 32 Township 17S Range 28E NMPLM EDDY County	ARTESIA, OFFICE
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3715' RDB	

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 OPER. ☐	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 150B.

TA & HOLD WELL BORE FOR FIELD BLOW DOWN

1. NOTIFY NMOCD 24 HRS PRIOR TO TESTING CIBP
2. MIRU UNSET PKR OR TAC
3. INSTALL BOP
4. POH w/TBG, TOH
5. GIH w/TBG OR WL SET CIBP + - 10-15' ABOVE EXISTING PERFS
6. POH w/1 JT TBG & CIRC A MIX OF 10 GAL WT675 COR INHIBITOR PER 100 BBL OF 8.6# BRINE
7. ESTABLISH CIRCULATION w/TREATED FLUID AND TEST CIBP TO 500# w/PRESSURE CHART
8. POH w/TBG LAYING DOWN-LEAVE ONE JT HANGING ON BI BONNETT. SI. RDCL

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

SIGNATURE James D. Cogburn TITLE Administrative Supervisor DATE 5/7/90

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-3551

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE MAY 16 1990

CONDITIONS OF APPROVAL, IF ANY