

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

NOBES OGD
RECEIVED
FEB 04 2019

WELL API NO. 30-025-23568
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. 312479
7. Lease Name or Unit Agreement Name N VACUUM ABO UNIT
8. Well Number 145
9. OGRID Number 298299
10. Pool name or Wildcat VAC; ABO, NORTH
4. Well Location Unit Letter P : 660 feet from the S line and 860 feet from the E line
Section 27 Township 17-S Range 34E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4035GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [X] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: []

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 1. MIRU
2. PU 2-3/8" IPC tubing and Arrowset injection packer. TIH and set packer @ 8,468'.
3. L&T Backside. Circulate packer fluid.
4. Notify NMOCD and perform MIT.

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart

Spud Date:

09/22/1970

Rig Release Date:

10/22/1970

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

SIGNATURE Samantha Angeles TITLE Regulatory Technician DATE 02/01/2019

Type or print name Samantha Angeles E-mail address: sangeles@mspartners.com PHONE: 817-334-7747
For State Use Only

APPROVED BY: [Signature] TITLE Compliance Supervisor DATE 2/4/19

Conditions of Approval (if any):