

CISF

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
100 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-01719
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2071
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "F"
8. Well No. 36
9. Pool name or Wildcat EMPIRE ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3679' 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator ARCO Permian
Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240
Well Location Unit Letter <u>H</u> : <u>2263.1</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>E</u> Line Section <u>34</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>EDDY</u> County

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
DRILL OR ALTER CASING <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>SQUEEZE PERFS/ PERF UPPER ABO</u> <input checked="" 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.

ED: 6339' PBD: 6005' PERFS: 5942-6004'

04/12/95: SQUEEZE ABO PERFS 6028-6060' W/100 SACKS CLASS "C" CMT. SQUEEZE AT 3000' PMP OUT 70 SACKS TO PIT. SQUEEZED W/30 SACKS IN FORMATION.

04/13/95: PERF ABO INTERVAL 5980-6004', 5957-80', 5942-57' W/4" CASING GUN, 2 JSPF, TOTAL 125 SHOLES. ACIDIZE ABO PERFS 5942-6004' W/2000 GALS 15% NEFE ACID RUNNING 150 BALL SEALERS.

RECEIVED
APR 21 1995
OIL CON. DIV.
DIST. 2

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

SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 04/20/95
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 391-1649

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

APPROVED BY _____ TITLE _____ DATE APR 26 1995

CONDITIONS OF APPROVAL, IF ANY:

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Energy, Minerals and Natural Resources Department

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Revised 1-1-89

CIST
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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.
30-015-00717

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
06-693

7. Lease Name or Unit Agreement Name
EMPIRE ABO UNIT "K"

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 GAS WELL OTHER

2. Name of Operator
ARCO Permian

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

8. Well No.
16

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter I : 1980 Feet From The S Line and 660 Feet From The E Line
Section 2 Township 18S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3574' RKB

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>ACIDIZE HORIZONTAL PERFORATIONS</u> <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.

FD: 6813' HORIZONTAL: 6039-5813' PERFS: HORIZONTAL HOLE 6039-6813'
04/07/95: ACIDIZED HORIZONTAL HOLE W/3500 GALS 15% NEFE ACID.

RECEIVED
APR 21 1995
OIL CON. DIV.
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 04/20/95
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-391-16

This space for State Use
ORIGINAL SIGNED BY DISTRICT II SUPERVISOR
APPROVED BY _____ TITLE _____ DATE APR 26 1995
CONDITIONS OF APPROVAL, IF ANY: