

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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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.
~~30-015-00841~~ 20-015-00901

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
2029

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.)

7. Lease Name or Unit Agreement Name
EMPIRE ABO UNIT

1. Type of Well:
OIL WELL GAS WELL OTHER
SEP 22 '94

2. Name of Operator
ARCO Permian

8. Well No.
Q-5

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

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter D : 660 Feet From The NORTH Line and 990 Feet From The WEST Line

Section 16 Township 18S Range 27E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3484' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER: CONVERT TO NATURAL FLOW

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 5700' PBD: 5668' PERFS: 5590-5610'

08/10/94
POH W/RODS & PMP
RIH W/PKR
PUMP 65 BBLS 8.6# BRINE W/TH-377 CHEM
SET PKR W/11000# COMPRESSION
LOAD & TEST CSG TO 500# FOR 30 MINS. NO LOSS IN PRESSURE.
CONVERT TO NATURAL FLOW

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

SIGNATURE Kellie D. Murrish TITLE Records Clerk II DATE 09/21/94

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 391-1649

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 12 1994

CONDITIONS OF APPROVAL, IF ANY: