

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CIBP
bp

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

2040 Pacheco St.

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, NM 87505

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-01663
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 647
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "F"
8. Well No. 27
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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection
2. Name of Operator ARCO Permian
3. Address of Operator P.O. Box 1089 Eunice, NM 88231
4. Well Location Unit Letter G : 2310 Feet From The N Line and 1650 Feet From The E Line Section 32 Township 17S Range 28E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3689' GR

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 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: Squeeze old & add new perms <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.

TD: 6108' PBD: 6072' PERFS: 5870-5930'

- 04/15/97: Set CIBP @ 5970'. Cmt w/75 sxs Class "C" neat cmt. RIH w/pkr. Set @ 5831'. Press tst plug, held OK. Circ pkr fluid.
- 04/16/97: Perf abo interval 5870-5930', 2 JSPF.
- 04/21/97: Acidize 5870-5930' w/1000 gals 15% HCL w/750 gals N2.
- 04/22/97: RIH w/2-3/8" IPC tbg. Left well SI.



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 05/19/99

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY *Jim W. Beard* TITLE District Supervisor DATE 5-21-99

CONDITIONS OF APPROVAL, IF ANY: