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State of New Mexico Energy, Minerals and Natural Resources Department

C15 F

Form C-103 Revised 1-1-89

| District Office | chergy, witherars and Natu | irai Kesources Department | | Revised 1-1-89 |
|---|--|---|---|---------------------|
| DISTRICT I P.O. Box 1980, Hobbs NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | WELL API NO. 30-015-01251 | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 5. Indicate Type of Lease STA 6. State Oil & Gas Lease N E-5313 | ATE X FEE |
| 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: | | | 7. Lease Name or Unit Agr EMPIRE ABO UNIT | |
| OIL GAS WELL | OTHER Ga | s Injection | | |
| 2. Name of Operator ARCO Permian | | | 8. Well No. 19 | |
| 3. Address of Operator P.O. Box 1710, Hobbs, New Mexi | ico 88240 | | 9. Pool name or Wildcat EMPIRE ABO | |
| 4. Well Location Unit Letter O: 660 | Feet From The_S | Line and 1920 / C | | Line |
| Section 36 | Township 17S | Range 27E | NMPM EDDY | County |
| | 10. Elevation (Show w 3652' GL | hether DF, RKB, RT, GR, etc.) | | County |
| PERFORM REMEDIAL WORK | propriate Box to Indic TENTION TO: PLUG AND ABANDON CHANGE PLANS | i i | SEQUENT REPOR | |
| PULL OR ALTER CASING | | CASING TEST AND CE | EMENT JOB | |
| OTHER: | | OTHER: HOLE IN T | BG, FAILED MIT, ADD PI | ERFS |
| Describe Proposed or Completed Opework) SEE RULE 1103. TD: 6200', PBD: 5919', PERFS: 56 | 648-5882' | | | |
| 04/25/95: PERF ABO INTERVAL 5: ABO PERFS 5648-5882 W/3000 GAI W/I BBL. 8.6# BRINE W/TH-377 C/ BETWEEN 3020-3050'. 04/28/95: M BELOW CR AND IN HOLE @ 2700/ GOOD. DRILL OUT CR AND CMT GOOD. 05/04/95: RIH W/PKR & T COMPRESSION. LOAD AND TEST | #. CIRC 1 SACK TO PIT. 05/0 'TO 3050'. CIRC TO FRAC T. BG. PUMP 80 BBLS 8.6# BRI | 01/95: TEST CSG TO 500# / ANK. CLOSE IN PRESS TE NE W/TH-377 CHEM SET | ABOVE CR. HELD EST TO 800# HELD PKD W/14000# | 2 3 1995 |
| | | | - | ON. DIV. DIST. 2 |
| I hereby certify that the information above is tr | ue and complete to the best of my know | | | |
| SIGNATURE / SELLE M. 7/ / W | MAL | TITLE ADMINISTRATIVE | ASSISTANT DATE | 05/23/95 |
| TYPE OR PRINT NAME KELLIE D. MURI | RISH | | TELEPHONE | NO. 391-1649 |
| (This space for State Use) CRIGINAL SI | ineo dy tim yl gum | | | |

_ TITLE _

DISTRICT II SUPERVISCE

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

DATE_



