

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
RECEIVED

APR 30 1991

| |
|---|
| WELL API NO. 30-015-01556 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. 657 |
| 7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "C" |
| 8. Well No. 40 |
| 9. Pool name or Wildcat EMPIRE ABO |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3656' GR |

SUNDRY NOTICES AND REPORTS ON WELLS. C. D.
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN A WELL OR 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 <input type="checkbox"/> | 2. Name of Operator ARCO OIL AND GAS COMPANY |
| 3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240 | 4. Well Location Unit Letter I : 1650 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 26 Township 17S Range 28E NMPM EDDY County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3656' 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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: ACIDIZING <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 6317'; PBD 6287'; PERFS: 6188-6210'; SN @ 6219'

4/11/91 PUMPED 3000 GALS 80/20 ACID/ZYLENE. FLUSHED w/50 BARRELS PRODUCED WATER.

PRIOR PRODUCTION: 3/01/91 46 BO, 19 BW, 26 MCFG

AFTER PRODUCTION: 4/20/91 65 BO, 43 BW, 41 MCFG

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

SIGNATURE James D. Cogburn TITLE Administrative Supervisor DATE 4/29/91

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-1600

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT I
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY - 6 1991