

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

WELL API NO. 30-015-01583
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-2071-17
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "C"
8. Well No. 36
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 ☒ GAS WELL ☐ OTHER ☐ MAY -9 '90	
2. Name of Operator ARCO OIL AND GAS COMPANY / C. C. D.	
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240	ARTESIA, OFFICE
4. Well Location Unit Letter <u>I</u> : <u>1627.97</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>27</u> Township <u>17S</u> Range <u>28</u> NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3671' RDB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPER. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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 1303.

TA & HOLD WELL BORE FOR FIELD BLOW DOWN

1. NOTIFY NMOCD 24 HRS PRIOR TO TESTING CIBP
2. MIRU UNSET PKR OR TAC
3. INSTALL BOP
4. POH w/TBG, TOH
5. GIH w/TBG OR WL SET CIBP + - 10-15' ABOVE EXISTING PERFS
6. POH w/1 JT TBG & CIRC A MIX OF 10 GAL WT675 COR INHIBITOR PER 100 BBL OF 8.6# BRINE
7. ESTABLISH CIRCULATION w/TREATED FLUID AND TEST CIBP TO 500# w/PRESSURE CHART
8. POH w/TBG LAYING DOWN-LEAVE ONE JT HANGING ON BI BONNETT. SI. RDCL

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 5/7/90
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-3551

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY

Notify N.M.O.C.C. in sufficient time to witness

Testing CIBP

MAY 16 1990