

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

JUL - 2 1996

WELL API NO.
30-015-01592

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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

2. Name of Operator
ARCO Permian

8. Well No.
34

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

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter N : 330 Feet From The S Line and 2310 Feet From The W Line
Section 27 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3676' GR

11.

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: SQUEEZE BOTTOM PERFS/ADD NEW PERFS ☒

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: 6270' PBD: 6236' PBD AFTER SQUEEZE: 6190' NEW PERFS 5984-6062'

06/03/96: SET CMT RETAINER @ 6100'.

06/04/96: SQUEEZE BOTTOM PERFS 6112-6130 W/50 SXS CLASS C NEAT, PRESS UP TO 1500#, LOOKED GOOD. PERF ABO INTERVAL 5984-6062, ACIDIZE W/3000 GALS USING 150 BALL SEALERS.

06/06/96: FLUSH BACK SIDE W/80 BBLS PKR FLUID, SET PKR AND LOADED, TESTED BACK SIDE. SET PKR W/16,000 COMPRESSION, TESTED BACK SIDE TO 500#, HELD GOOD.

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 06/28/96

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 391-1649

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 2 1996