

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CIST  
dp

OIL CONSERVATION DIVISION

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

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

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-015-01659

5. Indicate Type of Lease  
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Empire Abo Unit "H"

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator

ARCO Permian

8. Well No.

25

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat

Empire Abo

4. Well Location

Unit Letter N : 660 Feet From The S Line and 1980 Feet From The W Line

Section 32 Township 17S Range 28E NMPM Eddy County

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

3663

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: Add perfs & acidize ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ 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 1103.

TD: 6171' PBD: 6131' PERFS: 5897-6087'

MIRUPU. NDWH. NUBOP.

POH w/rods & pmp.

Perfs Abo 5750-5754, 5758-5776', 5778-5793', 2 JSPF

Acidize w/2000 gals 15% NEFE HCL acid.

Return well to production.



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

SIGNATURE Kellie D. Murrish

TITLE Sr. Administrative Assistant DATE 11/15/00

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

NOV 17 2000

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: