

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

AUG - 3 '90

WELL API NO. 30-015-01663
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 647
7. Lease Name or Unit Agreement Name Empire Abo Unit "F"
8. Well No. 27
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 Gas Injection
2. Name of Operator ARCO OIL AND GAS COMPANY
3. Address of Operator P. O. Box 1610, Midland, Texas 79702
4. Well Location Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East Line Section 32 Township 17S Range 28E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3689 GR

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 OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Recomplete Abo ☒

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.

7-18-90. RUPU. POH w/CA. Sqz'd Abo perms 5884-5920 w/200 sx "C" cmt. WOC. Do cmt to 5931. Press test to 500#. DO CR & cmt f/5947-6062. Press test csg to 525#. Perf Abo f/6030-6055. Acidized w/4000 gals. Ran Injection CA: 2 3/8 tbq & pkr set at 5930. Press test annulus to 500#. RDPU 7-28-90.

7-30-90. In 24 hrs injected 4.9 MMCF gas, 38/64 ck, 1200# TP, 100# CP, 0# annulus press.

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

SIGNATURE Ken W. Gosnell TITLE Engr. Tech. DATE 8-1-90

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE AUG 9 1990

CONDITIONS OF APPROVAL, IF ANY: _____