

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

MAY 22 '90

WELL API NO. 30-015-01673
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 647
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "E"
8. Well No. 26
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 ☐	
2. Name of Operator ARCO OIL AND GAS COMPANY	
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240	
4. Well Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>EDDY</u> County <u></u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3715' 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 OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: TEMPORARILY ABANDON ☒

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 10,300', PBD 5623' (CIBP), Perfs 5745-5907'

5/18/90 MIRU. Kill truck. Load well w/4 barrels 8.6# brine w/WT 675 chemical. Pressure up on well to 500 psi. Held for 20 minutes. Chart attached. R/D. Kill truck. Shut well back in. Test witnessed by Johnny Robinson, NMOCD.

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 5/21/90
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-3551

(This space for State Use)

APPROVED BY GW 8-2-90 TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: