

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. | 30-015-01690 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | |

| | |
|--------------------------------------|---------------------|
| 7. Lease Name or Unit Agreement Name | EMPIRE ABO UNIT "H" |
|--------------------------------------|---------------------|

| | |
|-------------|----|
| 8. Well No. | 30 |
|-------------|----|

| | |
|-------------------------|--------------|
| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> |
|------------------|---|

| | |
|---------------------|------------------------|
| 2. Name of Operator | ARCO OIL & GAS COMPANY |
|---------------------|------------------------|

| | |
|------------------------|-----------------------------------|
| 3. Address of Operator | BOX 1710, HOBBS, NEW MEXICO 88240 |
|------------------------|-----------------------------------|

| | |
|------------------|---|
| 4. Well Location | Unit Letter N : 1980 Feet From The WEST |
|------------------|---|

| | | | | | |
|------------|--------------|-----------|------|------|--------|
| Section 33 | Township 17S | Range 28E | NMPM | EDDY | County |
|------------|--------------|-----------|------|------|--------|

| | |
|--|----------|
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 3668' GR |
|--|----------|

| | |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <input type="checkbox"/> |

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.

TA & HOLD WELL BORE FOR FIELD BLOW DOWN

1. Notify NMOCD 24 hrs. prior to testing CIBP
2. MIRU
3. Unset PKR or TAC
4. Install BOP & GIH to tag PBTB
5. POH w/TBG, TOH
6. GIH w/TBG or WL set CIBP
7. Set CIBP maximum 50' above existing PERFS
8. POH w/1 Jt. & circ a mix of 2 gal WT675 chem. per 10 bbls 8.6# brine
9. When circulation is established, w/ treated fluid at surface, test CIBP to 500# and cut chart.
10. POH, laying down - leave 1 Jt. hanging on BI Bonnett

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

SIGNATURE [Signature] TITLE Administrative Supervisor DATE March 11, 1991

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 4/2/91

CONDITIONS OF APPROVAL, IF ANY:

Test CIBP