

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.  
30-015-01692  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "F"
2. Name of Operator ARCO Permian	8. Well No. 31
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240	9. Pool name or Wildcat EMPIRE ABO
4. Well Location Unit Letter G : 1980 Feet From The N Line and 2130 Feet From The E Line Section 33 Township 17S Range 28E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3671' 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: CHANGE FROM GAS INJ TO PRODUCING OIL ☒

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: 6175' PBD: 6159' PERFS: 6104-6134' PKR: 6074'

02/01/96: SWAB AND FLOW BACK

02/02/96: IN 24 HRS WELL PRODUCED 1 BO, 0 BW, 1.0 MMCFD

RECEIVED  
FEB 19 1996  
OIL CON. DIV.  
DIST. 2

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 02/08/96  
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-391-16

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 12 1996

CONDITIONS OF APPROVAL, IF ANY: