

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

cliff
Op

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.
30-015-01694

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 ☒ GAS WELL ☐ OTHER

2. Name of Operator
ARCO Permian

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

7. Lease Name or Unit Agreement Name
EMPIRE ABO UNIT "F"

8. Well No.
32

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter H : 1980 Feet From The N Line and 660 Feet From The E Line

Section 33 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3665' 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: REPERF & ACIDIZE ☐

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: 6280' PBD: 6263' NEW PERFS: 5820-5836'

02/14/96: RAN CIBP TO 6130'. PERF ABO INTERVAL 5970-6030'. ACIDIZE W/2000 GALS ACID, 120 BALL SEARLERS.

02/19/96: SET CIBP TO 5953'. PERF ABO INTERVAL 5820-5836'. SET PKR @ 5951 AND TESTED CIBP TO 900#. ACIDIZED W/1000 GALS VERY TIGHT 2500#.

RECEIVED

FEB 28 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 02/27/96

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 MAR 4 1996

CONDITIONS OF APPROVAL, IF ANY: