

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

45F  
Op +  
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

SEP - 8 '89

O. C. L.

WELL API NO.

30-015-01715

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-7116

7. Lease Name or Unit Agreement Name

Empire Abo Unit "F"

8. Well No.

35

9. Pool name or Wildcat

Empire Abo

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

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 : 1965.68 Feet From The East Line and 1938.54 Feet From The North Line

Section 34

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: Recomplete Abo zone ☒

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.

7-19-89 RU PU. POH w/CA. Set C1BP at 6210. Press test casing to 500#. Perf Abo f/6159-70 & 6176-82. Acidized w/1500 gals. Swab test. Set C1BP at 6150. Perf Abo f/6120-6130. Acidized w/1600 gals. Swab test. Set C1BP at 6100. Perf Abo f/6054-6064. Acidized w/1400 gals. Ran CA: 2 3/8 tbg & pkr to 5980.

7-26-89 RD PU.

7-27-89 In 24 hrs flwd 0 BO, 0 BW, 1514 MCFG, FTP 565#, 22/64CK. Shut in to monitor water in-flux.

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 9-7-89

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

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE SUPERVISOR, DISTRICT II DATE SEP 8 1989

CONDITIONS OF APPROVAL, IF ANY: