

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.	30-015-01718
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	EMPIRE ABO UNIT "F"
8. Well No.	33
9. Pool name or Wildcat	EMPIRE - ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3677 RKB

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 ☐	RECEIVED
2. Name of Operator ARCO OIL & GAS COMPANY ✓	MAR 29 1991
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240	O. C. D. ARTESIA, CHANCE
4. Well Location Unit Letter E : 1964.63 Feet From The NORTH Line and 330 Feet From The WEST Line Section 34 Township 17S Range 28E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3677 RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER: ☐
OTHER: ☐	OTHER: ☐

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 NMOC 24 hrs. prior to testing CIBP
2. MIRU
3. Unset PKR or TAC
4. Install BOP & GIH to tag PBTD
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 Tech Rep DATE 4/6/91
CONDITIONS OF APPROVAL, IF ANY:

Notify N.M.O.C.C. in sufficient time to witness

Test CIBP