

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-015-01720

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Empire Abo Unit "E"

8. Well No.
36

9. Pool name or Wildcat
Empire Abo

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3685

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 1089 Eunice, NM 88231

4. Well Location
Unit Letter A : 966.59 Feet From The N Line and 660 Feet From The E Line
Section 34 Township 17S Range 28E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

TD: 6345' PBD: 6015' PERFS: 5715-5843'

12/28/99: POH w/rods & pmp equip. NUBOP. POH w/tbg & tools.
12/29/99: Re-stimulate Green Shale 5715-5843' w/10,000 gals gelled 20% HCL acid.
Flush to bottom perf @ 5843'.
12/30/99: SI for Pressure Buildup
01/06/00: Run bit & scraper across perfs 5715-5843'.
01/07/00: Pmp 3000 gals 5% HCL acid w/inhibitor & NE agent.
01/11/00: RIH w/production assembly. Set 2-3/8" tbg @ 5977'. Return well to production.



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 01/17/00
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY Jim W. Burns TITLE District Supervisor DATE 1-24-00
CONDITIONS OF APPROVAL, IF ANY: