

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 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-01753

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-11593

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT "E"

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

8. Well No.

37

9. Pool name or Wildcat

EMPIRE ABO

4. Well Location

Unit Letter D : 660 Feet From The W Line and 660 Feet From The N Line

Section 35 Township 17S Range 28E NMMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3689' DF

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: ☐

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 6351' PBD: 6013' PERFS: 5787-5956'

11/08/99: MIRUPU. NDWH. NUBOP.

11/09/99: Press test 5-1/2" csg to 800#, 10 mins. OK. Perf green shale 5787-5956', 26 holes.

11/10/99: PPI w/2 bbls 15% HCL acid per setting.

11/11/99: Press test annulus to 500#. Acid frac down 2-7/8" WS 5000 gals Pentol 100 w/50 ball sealers plus 2500 gals 20% Slick acid flush 2000 gals 8.6# brine water.

11/16/99: Pull tbgs & tools. Recover 35 ball sealers total.

11/29/99: RIh w/2-3/8" tbgs. Set @ 5903'. RDSU. Waiting on remaining rods.

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 12/02/99

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

APPROVED BY

BA

TITLE

DATE

12-6-99

CONDITIONS OF APPROVAL, IF ANY: