

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CISF
Op

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

8. Well No.

37

3. Address of Operator

P.O. Box 1710, Hobbs, New Mexico 88240

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 NMPM 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: Perf Green Shale ☐

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

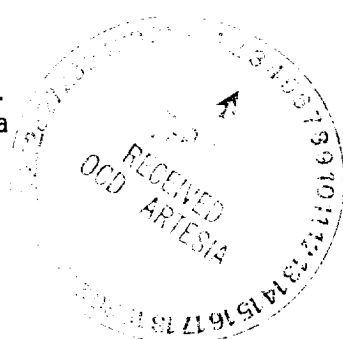
01/12/00: MIRUPU. POH w/rods & pmp. NUBOP. Press tst 3-1/2" in hole to 6000#.

01/14/00: Pmp 5000 gals pre-pad 2% HCL & 5000 gals pad x-link & 617 bbls Spectra
Frac carrying 31,400#, 20/40 mesh Ottawa sand. Well screened out.

01/17/00: RU coil tbq. CO frac sand 5238-6013', circ clean.

01/26/00: RIH w/bailer to fill 5672'. CO Frac sand to 6013'.

01/28/00: RIH w/2-3/8" tbq set @ 5729'. Test for commercial 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 02/02/00

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY

Jim W. Green
B6V

TITLE

District Supervisor

DATE

2-15-00

CONDITIONS OF APPROVAL, IF ANY: