

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clsr
JP

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. 30-015-21539
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "H"
8. Well No. 261
9. Pool name or Wildcat EMPIRE ABO

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 <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator ARCO Permian	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240	
4. Well Location Unit Letter <u>N</u> : <u>1400</u> Feet From The <u>W</u> Line and <u>150</u> Feet From The <u>S</u> Line Section <u>32</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>EDDY</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3668.6' 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: CHANGE FROM INJ TO PRODUCING OIL ☒

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: 6222' PBD: 6154' PERFS: 6112-6126' (SQUEEZED PERFS 6024-6030') PKR: 5945'

02/01/96: SWAB WELL AND FLOW BACK

02/02/96: IN 24 HRS WELL PRODUCED 0 BO, 0 BW, 500 MCFD

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 02/08/96

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-391-16

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 13 1996

CONDITIONS OF APPROVAL, IF ANY: