Submit 3 Copies to Appropriate
District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department



Form C-103 Revised 1-1-89

District Office				1	
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION 2040 Pacheco		WELL API NO.		
DISTRICT II	Santa Fe, NM 87505		30-015-21769		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	of Lease STATE	FEE 🗆
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga		
SUNDRY NOT	ICES AND REPORTS ON WEL	LS			
(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.)			7. Lease Name or Unit Agreement Name Empire Abo Unit "G"		
1. Type of Well: OlL GAS WELL WELL	OTHER				
2. Name of Operator			8. Well No. #	2 7 9 1	
ARCO Permian 3. Address of Operator			9. Pool name or	Wildow	
P.O. Box 1089 Eunice. NM 8			Empire Abo	w nacat	
4. Well Location Unit Letter I : 1986	Feet From TheS	Line and 5 £	<u>- ^ </u>	m TheE	Line
Section 33		ange 28E	NMPM	Eddy	County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc 3659' tbg head	c.)		
11. Check An	propriate Box to Indicate		Report, or (Other Data	
-	TENTION TO:	1	- '	REPORT	OF:
П					ا
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CASI	NG ∟
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	i OPNS.	PLUG AND ABAN	IDONMENT L
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB L		
OTHER:		OTHER:			
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent de	tails, and give pertinent da	tes, including estim	nated date of startin	g any proposed
TD: 6366' PBD: 5774'	PERFS: 5834-5942'			1=135	
07/07/97: RIH w/4-1/2	CIBP. Set CIBP @ 6035'.		,	RECEIVED FOR OCD - ARTESIA	450 X
	o 5834-5942' w/2 JSPF, 216	holes.	/q	£ 00	*.\$\ @\
07/09/97: Acidize abo p	erfs 5834-5942' w/2000 gal	s 15% NEFE acid.		DREC ST	
Ran 250 ball vac, AIR 2.5	sealers. Max 1500#, min v	ac, avg 350#, ISIP	25	ARI	*
07/11/97: Well watered			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
02/04/99: RIH w/4-1/2 0	CIBP and tbg. RU circ pkr		IOP.	67 <u>B</u>	
	i80#, held for 20 mins. Pr	ess test chart att	ached.	120281 or 1	1313
CIBP @ 5774".	WEIT IA U			03000	and the second
					<u>.</u>
I hereby certify that the information above is to	rue and complete to the best of my knowleds	ge and belief.			
SIGNATURE THE SIGNATURE	Munist In	TLE <u>Administrative</u>	Assistant	DATE 0	5/11/99
TYPE OR PRINT NAME Kellie D. Mur	rish			TELEPHONE NO. 50	5-394-1649
(This space for State Use)	· ·	1 -1 1 1	1 —	Ins	M 16
APPROVED BY	Tr	well De	Palarana	DATE 87	" pay 17

