

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
8p

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-21891

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Empire Abo Unit "G"

8. Well No.

301

9. Pool name or Wildcat

Empire Abo

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 K : 1315 Feet From The _____ Line and 1315 Feet From The W Line

Section 33 Township 17S Range 28E NMPM Eddy County

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

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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 10498' CIBP: 5900' PERFS: 5941-6062'

05/20/97: Set 7-5/8" CIBP @ 6095'. Test to 800#, held good. Perf UPPER Abo 5941-6062' w/4" guns, 2 JSPF, 243 holes.

05/21/97: RIH w/pkr & tbq. Set pkr @ 5902'. Acidize 5941-6062' w/3000 gals 15% NEFE acid w/90 gals Mycellur chemical.

05/22/97: Return to production & test.

06/29/98: RIH w/7-5/8" CIBP & tbq. Set CIBP @ 5900'. Circ well w/8.6# brine w/pkr fluid. Test to 480# for 30 mins. Press Chart Attached.

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

11/03/98

TYPE OR PRINT NAME

Kellie D. Murrish

TELEPHONE NO.

505-394-1649

(This space for State Use)

APPROVED BY

Jim W. Gurn B6x

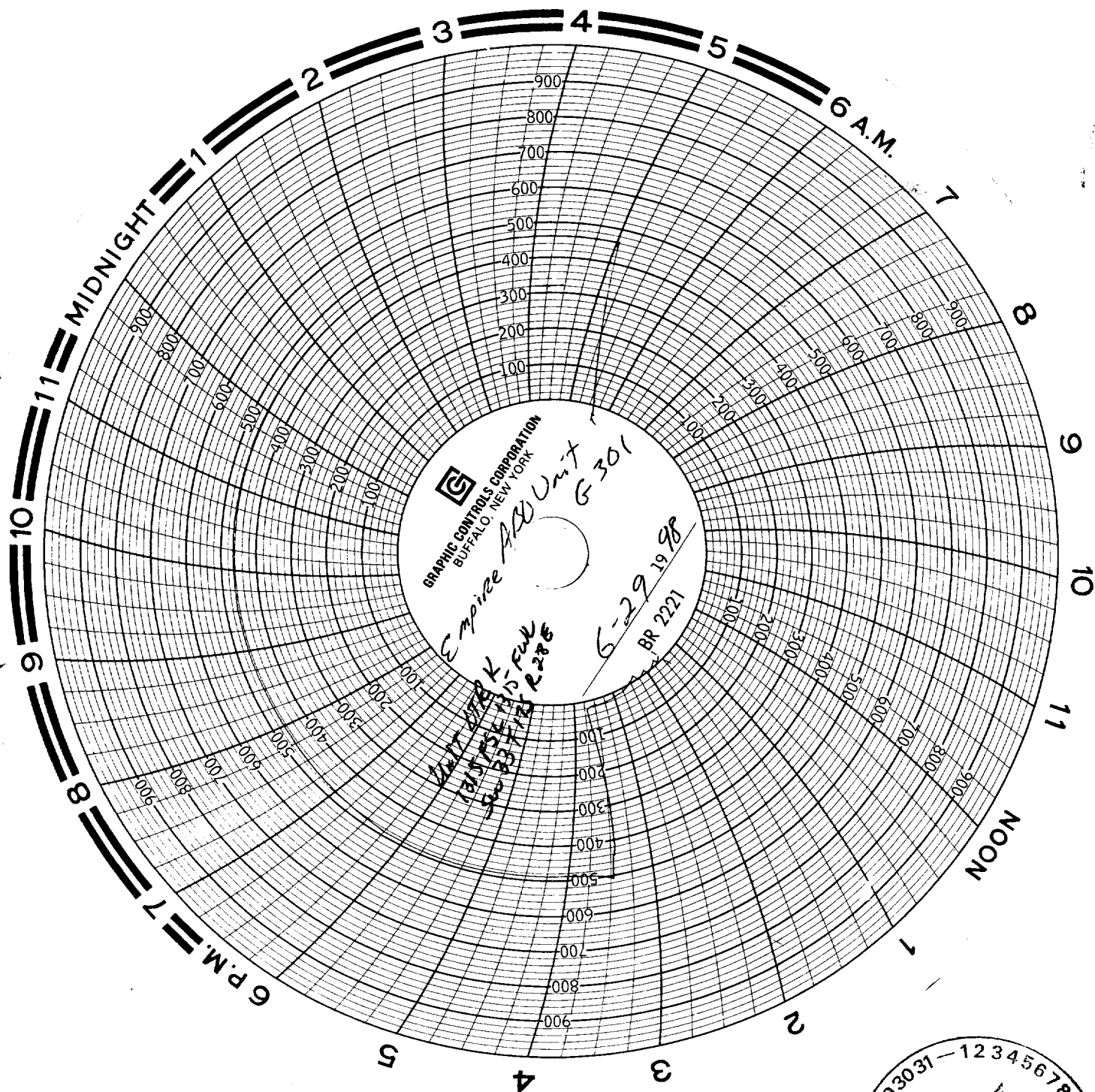
TITLE

District Supervisor

DATE

11-4-98

CONDITIONS OF APPROVAL, IF ANY:



GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK

Empire A&W Unit G-301

Unit 678 K
1015 PM 12-15-98
SW 837-121 R286

6-29 19 98
BR 2221

NOV 1998
RECEIVED
OCD - ARTSIA
17 18 19