

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 09 '88

O. C. D.

ARTESIA, OFFICE

Form C-103
Revised 10-1-73

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OPERATOR	

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 L-1" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	5a. Indicate Type of Lease State ☒ Fee ☐
2. Name of Operator ARCO Oil and Gas Company	3. State Oil & Gas Lease No. 647-349, 647-351
3. Address of Operator P.O. Box 1610, Midland, Texas 79702	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>N</u> <u>1250</u> FEET FROM THE <u>South</u> LINE AND <u>1925</u> FEET FROM THE <u>West</u> LINE. SECTION <u>33</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> NMPM.	8. Farm or Lease Name Empire Abo Unit "H"
	9. Well No. 302
	10. Field and Pool, or Wildcat Empire Abo
15. Elevation (Show whether DF, RT, CR, etc.) 3670.9 GR	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

17. 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.

5-12-88. RUPU. POH w/CA. Set CR at 6150. Press test csg to 500#. Perf Abo f/6120-6133. Swab test. Acdz w/800 gals. Swab test. Acdz w/1500 gals. Swab load. POH w/tbg & pkr. RIH w/SN, 2 3/8 tbg to 5144. RD PU. 5-24-88.

5-27-88. Install pumping Unit. Run rod and pump.
In 90 hrs pumped 149 Bo, 126 BW, 295 MCFG.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Ken W. Gosnell TITLE Engr. Tech. 915-688-5672 DATE 5-5-88

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: