

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

RECEIVED

SEP 20 1993

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-015-22604                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>647-339 647-351                                                     |
| 7. Lease Name or Unit Agreement Name<br>EMPIRE ABO UNIT "H"                                         |
| 8. Well No.<br>302                                                                                  |
| 9. Pool name or Wildcat<br>EMPIRE ABO                                                               |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3670.9 GR                                     |

SUNDRY NOTICES AND REPORTS ON WELLS - D.  
(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> X OTHER GAS INJECTION                                            |
| 2. Name of Operator<br>ARCO OIL AND GAS COMPANY ✓                                                                                                        |
| 3. Address of Operator<br>P.O. 1710 HOBBS N.M. 88240                                                                                                     |
| 4. Well Location<br>Unit Letter N : 1250 Feet From The SOUTH Line and 1925 Feet From The WEST Line<br>Section 33 Township 17S Range 28E NMPM EDDY County |

|                                                                               |                                                     |
|-------------------------------------------------------------------------------|-----------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                     |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: CONVERT TO GAS INJECTION <input checked="" type="checkbox"/>           | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|                                                                               | OTHER: <input type="checkbox"/>                     |

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 6283, PBD 6150, PERFS 6120-33, PKR 6078

NOTIFY NMOC D PRIOR TO STARTING WORK.

LOAD AND PRESSURE CSG TO 500# FOR 20 MIN., START INJECTION AND RUN TEMPERATURE SURVEY.

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

SIGNATURE James Cogburn TITLE OPERATION COORDINATOR DATE 9-16-93  
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use)  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

OCT 19 1993