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## State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural Resources Department			Rev	rised 1-1-89
<u>DISTRICT J</u> P. O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO. 30-015-22604		
DISTRICT II P. O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	252627283333	5. Indicate Type of		] <sub>FEE</sub>
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga.	s Lease No.	
SUNDRY NOT	CES AND REPORTS ON WE	LLS MAT 1990			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGIBACIOTO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT OF ARTES!"  (FORM C-101) FOR SUCH PROPOSALS. OF THE SECOND			7. Lease Name or Unit Agreement Name Empire Abo Unit		
1. Type of Well: OIL GAS WELL X WELL	OTHER	(4			
2. Name of Operator V ARCO Permian		8. Well No. L/-302			
3. Address of Operator P. 0. Box 1089 Eunice. NM 88231			9. Pool name or Wildcat Empire Abo		
4. Well Location		Line and 192	25		W Line
Unit Letter N : 1250	Feet From The3	Line and 130	Z5 Feet From	m The	W Line
Section 33			NMPM	Eddy	County
	10. Elevation (Show when	ther DF, RKB, RT, GR, etc	:-)		
Charles An	into Pou to Indicate	3670.9° GR	Poport or (	Thor Date	
<u>-</u>	propriate Box to Indicate				
NOTICE OF IN	ITENTION TO:	305	SEQUENT	REPUR	. OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CA	
TEMPORARILY ABANDON	CHANGE PLANS L.J	COMMENCE DRILLING		PLUG AND AB	ANDONMENT
PULL OR ALTER CASING L		CASING TEST AND CE			<b>r</b>
OTHER:		OTHER: Add perfs	<del></del>		
01/21/98: RIH w/5-1/2" w/pkr fluid. pkr and 185 ; 01/22/98: Load & test b JSPF, 36 hole 01/23/98: Acidize well 01/27/98: Well SI pendi	PERFS: 5746-5764  I w/198 jts 2-3/8" tbg. R CIBP Set @ 6080". Circ h Test CIBP to 600# held g jts 2-3/8" tbg. Set pkr @ pack side to 600# held goo es total. with 1000 gals 15% NEFE a ing engineering evaluation	RIH w/5-1/2" csg scr Hole w/170 bbls hot Hood. RIH w/5-1/2" D 5699". Hod. swab dry. Perf Hoid.	rapper to 6120 8.7# brine Baker Lock-se	)' et	rting any proposed
I hereby certify that the information above is t	// /				
SEGNATURE THE H	1. 41 Junest	ME Administrative	Assistant		03/25/99
TYPE OR PRINT NAME Kellie D. MUI	rish			TELEPHONE NO.	<u>505-394-1649</u>

(This space for State Use)

APPROVED BY\_

Sim W. Gum District Supervisor DATE 4-26-99