

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088
APR 19 1993
C. L. D.

| |
|---|
| WELL API NO. 30-015-22630 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-2071-25 |
| 7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "F" |
| 8. Well No. 362 |
| 9. Pool name or Wildcat EMPIRE ABO |

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|--|--|
| 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" (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| 2. Name of Operator ARCO OIL & GAS COMPANY ✓ | |
| 3. Address of Operator P O BOX 1710 HOBBS, NEW MEXICO | |
| 4. Well Location Unit Letter H : 1850 Feet From The NORTH Line and 350 Feet From The EAST Line Section 34 Township 17 S Range 28 E NMPM EDDY County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3674.6 | |

| | |
|---|--|
| 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: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: REMEDIAL AND TA <input checked="" 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 6384, PBD 6077, PERFS 6028-41, CIBP 6041.86

PERF UPPER ABO 6028-6041 W/2 JSPF (27 HOLES), ACIDIZE W/2000 GAL 15% NEFE, FLUSH W/26 BLC, SWABB TEST 99% WATER, SET CIBP @ 6041.86, LOAD W/8.6# BRINE W/TH377 CHEMICAL, AND PRESSURE TO 580# FOR 20 MINUTES. NO LOSS OF PRESSURE.

WELL TA 02/26/93

CHART ATTACHED

THIS APPROVAL IS TEMPORARY
EXPIRES 2/98

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

SIGNATURE James D. Cogburn TITLE OPERATIONS COORDINATOR DATE 04/14/93

TYPE OR PRINT NAME JAMES D. COGBURN TELEPHONE NO. (505) 391-1621

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 4/27/93

CONDITIONS OF APPROVAL, IF ANY:

