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

JAN 3 0 1992

O. C. D.
ARTESIA OFFICE

**WELL API NO.**
30-015-22803

5. Indicate Type of Lease
STATE [X]  FEE [ ]

6. State Oil & Gas Lease No.
B-2071-23

## 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.)

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT "D"

1. Type of Well:
OIL WELL [X]    GAS WELL [ ]    OTHER

8. Well No.
361

2. Name of Operator
ARCO OIL AND GAS COMPANY

3. Address of Operator
BOX 1710, HOBBS, NEW MEXICO  88240

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location

Unit Letter __P__ : __136__ Feet From The __SOUTH__ Line and __800__ Feet From The __EAST__ Line

Section __27__ Township __17S__ Range __28E__ NMPM __EDDY__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3665.5' GR

11. **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 [ ] | | CASING TEST AND CEMENT JOB [ ] | |
| OTHER: _____ [ ] | | OTHER: _____ [ ] | |

REMEDIAL WORK [X]

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.

01/15/92    SPOT 200 GAL 15% NEFE HCL ACROSS PERFS.  PUMP 1500 GAL 15% NEFE HCL.
            AIR 1.5 BPM, MAY PRESSURE 30 PSI, ISIP - VAC.

            PRIOR PRODUCTION 12/13/91   2 BO, 68 BW, 26 MCFG

            AFTER TREATMENT  01/22/92   57 BO, 43 BW, 76 MCF

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

SIGNATURE _____  TITLE Operations Coordinator  DATE 1/28/92

TYPE OR PRINT NAME James D. Coghurn  TELEPHONE NO. 392-1600

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____  TITLE _____  DATE

JAN 3 1 1992

CONDITIONS OF APPROVAL, IF ANY: