

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

WELL API NO.
30-015-22817

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-7832

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT "E"

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1710, Hobbs, New Mexico 88240

8. Well No.

362

9. Pool name or Wildcat

EMPIRE ABO

4. Well Location

Unit Letter A : 1200 Feet From The N Line and 1200 Feet From The E Line

Section 34

Township 17S

Range 28E

NMPM EDDY

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3675.9' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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: 6350' PBD: 5994' PERFS: 5920-5990

09/14/95: RU HALLIBURTON PMP 50 BFW TO GET INJECTION RATE. LOAD CSG PRESS TO 500#. MIX AND PMP 200 SACKS CLASS "C" NEAT. SQUEEZE ABO PERFS 6002-6058' TO 3000#. SQUEEZE W/15 SACKS IN FORMATION. REVERSE OUT TO PIT W/144 SACKS. RU WIRELINE PERF ABO INTERVAL 5920-5990' W/2 JSPF, 4" CASING GUN. 140 HOLES TOTAL.

09/15/95: ACIDIZE ABO PERFS 5920-5990 W/3000 GALS 15% NEFE ACID. MAX PRESS 1600#, AVG PRESS 800#, AIR 3 BPM. RAN 125 BALL SEALERS.

09/20/95: 13-1/2 HR TEST 0 BO, 0 BW, 1867 MCFD.

RECEIVED

SEP 27 1995

OIL CON. DIV.
DIST. 2

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

SIGNATURE

Kellie D. Murrish

TITLE Administrative Assistant

DATE 09/26/95

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 391-1649

(This space for State Use)

APPROVED BY

SALESMAN SUPERVISOR

TITLE

DATE

SEP 28 1995

CONDITIONS OF APPROVAL, IF ANY: