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State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural F	Resources Department	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 CONSERVATIO P.O. Box 20 Santa Fe, New Mexico	88	WELL API NO. 30-015-22821 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. 647-349, 647-351
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 "G"
1. Type of Well: OIL WELL X 2. Name of Operator ARCO Permian	OTHER		8. Well No. 315 9. Pool name or Wildcat
3. Address of Operator P.O. Box 1710, Hobbs, New Mex	ico 88240		EMPIRE ABO
4. Well Location Unit Letter J : 1900	Feet From The S	Line and 1450	Feet From The E Line
Section 33	Township 17S R 10. Elevation (Show whether 3662.6' GR	ange 28E er DF, RKB, RT, GR, esc.)	NMPM EDDY County
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON L CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLIN	I ALTERING CASING III
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Squeeze Per	fs/Re-perf Upper Abo
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: 6370' PBD: 6240' SQUEEZ	E PERFS: 6028-6148', 6220-6230', N	NEW PERFS: 5794-5928	,°
09/19/96: RIH W/CR SET @ 5988 FORMATION, PRESS UP 1500#, I	. SQUEEZED PERFS 6220-30, 6028 HELD GOOD.	8-6148' W/21 SX CLASS	C NEAT IN
09/20/96: PERF WELL @ 5794-5928'. SPOT ACID @ 5928'. SET PKR @ 5736'. ACIDIZED WELL W/3000 GALS ACID USING 150 BALL SEALERS.			
***FORMATION, PRESS UP 1500#, HEL^field Administrative Assistant**			
I hereby certify that the information above is	true and complete to the best of my knowled	ge and belief.	4

TITLE 40/14/96 Admin. ASST. DATE Kellie B. 10-14-96
TELEPHONE NO. 505-391-1649 TYPE OR PRINT NAME MUTTISH KELLED MUTTISH (This space for State Use) OCT 18 1996 ___ DATE _ • · ~ · TITLE APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY: