

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.  
30-015-22845

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 ☒ GAS WELL ☐ OTHER

2. Name of Operator  
ARCO Permian

8. Well No.  
314

3. Address of Operator  
P.O. Box 1710, Hobbs, New Mexico 88240

9. Pool name or Wildcat  
EMPIRE ABO

4. Well Location  
Unit Letter J : 1450 Feet From The S Line and 2000 Feet From The E Line

Section 33

Township 17S

Range 28E

NMPM EDDY

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3661.7' 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: PERF, ACIDIZE, RETURN TO PRODUCTION ☒

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: 6137' (CIBP) PERFS: 5953-5970', 6002-6082'

03/11/96: PERF ABO INTERVAL 5953-5970' AND 6002-6082' W/4" CSG GUN, 2 JSPF.

03/12/96: ACIDIZE ABO PERFS 5953-6082 W/3500 GALS 15% NEFE ACID. RUN 190 BALL SEALERS.  
PERFS HAD BROKEN ON SPOT. SMALL AMT OF BALL ACTION. MAX PRESS 100#, AVG. PRESS. VAC, ISIP  
VAC, AIR 2.5 BPM

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 03/21/96

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-391-16

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

MAR 27 1996

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: