

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
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

API NO. (assigned by OCD on New Wells)

30-015-23007

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☒

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Empire Abo Unit B

2. Name of Operator

ARCO OIL AND GAS COMPANY

8. Well No.

42

3. Address of Operator

Box 1610, Midland, Texas 79702

9. Pool name or Wildcat

Empire Abo

4. Well Location

Unit Letter F : 2109 Feet From The North Line and 1778 Feet From The West Line

Section 25

Township 17S

Range 28E

NMPM

Eddy

County

10. Proposed Depth

10926

11. Formation

Abo

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3671.4 GR

14. Kind & Status Plug. Bond

Statewide

15. Drilling Contractor

16. Approx. Date Work will start

10-26-92

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	13-3/8	54.5	800	1085	Surf
	8-5/8	28	2650	1500	Surf
	5-1/2	17	10929	2270	2300-CBL

This well is currently a "South Empire Morrow Gas" well with lease name and number of "State BV" #2. Perfs are 10570-10606. Propose to abandoned Morrow perfs and complete in Abo.

Post ID-3
10-23-92
why well name

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4-22-93
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Ken W. Gosnell TITLE Regulatory Coordinator DATE 10-12-92

TYPE OR PRINT NAME

Ken W. Gosnell

915/688-5672

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE _____ DATE OCT 22 1992

CONDITIONS OF APPROVAL, IF ANY: