

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  
APR 19 1993

WELL API NO. 30-015-23007
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 647
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "B"
8. Well No. 42
9. Pool name or Wildcat EMPIRE ABO

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator ARCO OIL & GAS COMPANY
3. Address of Operator P O BOX 1710 HOBBS, NEW MEXICO	4. Well Location Unit Letter F : 2109 Feet From The NORTH Line and 1778 Feet From The WEST Line Section 25 Township 17 S Range 28 E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3671.4	

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 10929, PBD 6120, PERFS 6010-84

SET CIBP @ 6120 and PERF UPPER ABO 6010-84, STIMULATE W/5100 GAL. 15% HCL WITH NO BREAK, SWABB TEST RECOVERED ACID AND FLUSH

3/18/93 GIH W/BAKER LOKSET PKR TO 5958.28, LOAD BACK SIDE W/PKR FLUID AND TEST TO 500# W/SLIGHT BLBED OFF.

WELL SI

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

SIGNATURE [Signature] TITLE OPERATIONS COORDINATOR DATE 04/13/93  
TYPE OR PRINT NAME JAMES D. COGBURN TELEPHONE NO. 505-391-1621

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]  
CONDITIONS OF APPROVAL, IF ANY: